



**JEFFERSON COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA REQUEST**

TO: Board of County Commissioners
Mark McCauley, County Administrator

FROM: Apple Martine, JCPH Director
Veronica Shaw, JCPH Deputy Director

DATE: November 25, 2024

SUBJECT: Agenda Item – Consolidated Contracts Amendment #22 with the Department of Health; January 1, 2022 – December 31, 2024; decrease of \$822,343 for a total of \$9,852,125

STATEMENT OF ISSUE:

Jefferson County Public Health (JCPH) requests Board approval of Consolidated Contract Amendment #22 between JCPH and State of Washington Department of Health (DOH); January 1, 2022 – December 31, 2024; decrease of \$822,343 for a total of \$9,852,125.

ANALYSIS/STRATEGIC GOALS/PROS and CONS:

The purpose of this agreement is to provide public health services to the people of Washington State. This Amendment adds and/or amends statements of work (SOW) and funding for the following programs:

- Injury & Violence Prevention-LHJ Opioid Campaign Proviso - adds Statements of Work.
- Infectious Disease-Syndemic Prevention Services - amends Statement of Work.
- Office of Drinking Water Group A Program - amends Statement of Work.
- Office of Immunization COVID-19 Vaccine - amends Statement of Work.
- Exhibit B-22 indicates decreases in funding.

FISCAL IMPACT/COST BENEFIT ANALYSIS :

Total consideration for this Contract Amendment is a decrease of \$822,343 for a total of \$9,852,125. The Consolidated Contract is funded by DOH, and comprises both Federal and State funds.

CONTRACT REVIEW FORM

(INSTRUCTIONS ARE ON THE NEXT PAGE)

Clear Form

CONTRACT WITH: State of WA Dept of Health

Contract No: CC-22-002-A22

Contract For: Consolidated Contracts, Amendment 22

Term: 1/1/2022 - 12/31/2024

COUNTY DEPARTMENT: Public Health

Contact Person: Veronica Shaw

Contact Phone: x 409

Contact email: veronica@co.jefferson.wa.us

AMOUNT: Decreased \$822,343 for a total of \$9,852,125

Revenue: (\$822,343)

Expenditure:

Matching Funds Required:

Sources(s) of Matching Funds

Fund # 127

Munis Org/Obj 12756220

PROCESS:



Exempt from Bid Process



Cooperative Purchase



Competitive Sealed Bid



Small Works Roster



Vendor List Bid



RFP or RFQ



Other:

APPROVAL STEPS:

STEP 1: DEPARTMENT CERTIFIES COMPLIANCE WITH JCC 3.55.080 AND CHAPTER 42.23 RCW.

CERTIFIED: ☐

N/A: ☒

Signature

Date

STEP 2: DEPARTMENT CERTIFIES THE PERSON PROPOSED FOR CONTRACTING WITH THE COUNTY (CONTRACTOR) HAS NOT BEEN DEBARRED BY ANY FEDERAL, STATE, OR LOCAL AGENCY.

CERTIFIED: ☐

N/A: ☒

Signature

Date

STEP 3: RISK MANAGEMENT REVIEW (will be added electronically through Laserfiche):

Electronically approved by Risk Management on 11/21/2024.

STEP 4: PROSECUTING ATTORNEY REVIEW (will be added electronically through Laserfiche):

Electronically approved as to form by PAO on 11/8/2024.
Amendment No. 22. All prior amendments and original contract attached.

STEP 5: DEPARTMENT MAKES REVISIONS & RESUBMITS TO RISK MANAGEMENT AND PROSECUTING ATTORNEY(IF REQUIRED).

STEP 6: CONTRACTOR SIGNS

STEP 7: SUBMIT TO BOCC FOR APPROVAL

**JEFFERSON COUNTY PUBLIC HEALTH
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31013

AMENDMENT NUMBER: 22

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and JEFFERSON COUNTY PUBLIC HEALTH, a Local Health Jurisdiction, hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☒ Adds Statements of Work for the following programs:
 Injury & Violence Prevention-LHJ Opioid Campaign Proviso – Effective November 1, 2024
 - ☒ Amends Statements of Work for the following programs:
 Infectious Disease-Syndemic Prevention Services-SSP - Effective January 1, 2024
 Office of Drinking Water Group A Program - Effective January 1, 2022
 Office of Immunization COVID-19 Vaccine - Effective January 1, 2022
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-22 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-21 Allocations as follows:
 - ☐ Increase of _____ for a revised maximum consideration of _____.
 - ☒ Decrease of \$822,343 for a revised maximum consideration of \$9,852,125.
 - ☐ No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

JEFFERSON COUNTY WASHINGTON
BOARD OF COUNTY COMMISSIONERS

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Kate Dean, Chair

Date

Date

APPROVED AS TO FORM ONLY

 for 11/08/2024
Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

APPROVED AS TO FORM ONLY
Assistant Attorney General

EXHIBIT B-22
ALLOCATIONS
Contract Term: 2022-2024

Page 2 of 25
Contract Number: CLH31013
Date: October 1, 2024

Jefferson County Public Health

Indirect Rate January 1, 2022 through December 31, 2022: 29.23% Public Health
Indirect Rate January 1, 2023 through December 31, 2023: 35.85% Public Health
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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$37,651	\$37,651	\$128,104
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 21	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$9,413	\$47,064	
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 10, 17	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$28,238		
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 8, 10, 17	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$9,413		
FFY22 USDA BFPC Prog Mgmt	7WA700WA1	Amd 1, 17	10.557	333.10.55	01/01/22	09/30/24	10/01/21	09/30/24	\$43,389	\$43,389	
FFY25 USDA WIC Client Svs Contracts	NGA Not Received	Amd 21	10.557	333.10.55	10/01/24	12/31/24	10/01/24	09/30/25	\$1,860	\$28,128	\$407,314
FFY25 USDA WIC Client Svs Contracts	NGA Not Received	Amd 17	10.557	333.10.55	10/01/24	12/31/24	10/01/24	09/30/25	\$26,268		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 21	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$4,718	\$160,472	
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 23	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$743		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 18	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$48,183		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 17	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$79,090		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$2,500		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 10, 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$25,238		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 15	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$11,657	\$132,338	
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 12	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$21,218		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 10	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$75,713		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$23,750		
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 7	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$5,600	\$86,376	
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 5	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$6,726		
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$74,050		
FFY23 USDA WIC Prog Mgmt CSS	7WA700WA7	Amd 10	10.557	333.10.55	01/01/23	09/30/23	10/01/22	09/30/23	\$2,800	\$2,800	\$2,800
FFY24 USDA FMNP Prog Mgmt	7WA810WA7	Amd 19	10.572	333.10.57	05/01/24	09/30/24	10/01/23	09/30/24	\$496	\$496	\$1,508
FFY23 USDA FMNP Prog Mgmt	7WA810WA7	Amd 15	10.572	333.10.57	06/01/23	09/30/23	10/01/22	09/30/23	\$496	\$496	
FFY22 USDA FMNP Prog Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	05/01/22	09/30/22	10/01/21	09/30/22	\$516	\$516	
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 19	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	(\$37,439)	\$9,301	\$9,301
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 15, 19	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	\$46,740		
LHJ COVID-19 Gap Supplemental	SLFRP0002	Amd 13	21.027	333.21.02	01/01/23	06/30/23	01/01/23	06/30/23	\$35,651	\$35,651	\$35,651
PS SSI 1-5 OSS Task 4	01J18001	Amd 15	66.123	333.66.12	01/01/22	11/30/23	07/01/17	08/31/28	\$30,000	\$263,844	\$263,844
PS SSI 1-5 OSS Task 4	01J18001	Amd 7, 15	66.123	333.66.12	01/01/22	11/30/23	07/01/17	08/31/28	(\$1,654)		
PS SSI 1-5 OSS Task 4	01J18001	Amd 2, 5, 15	66.123	333.66.12	01/01/22	11/30/23	07/01/17	08/31/28	\$235,498		

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					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY24 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 18	66.472	333.66.47	03/01/24	09/30/24	01/01/24	11/30/24	\$15,000	\$15,000	\$45,000
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$15,000	\$15,000	\$15,000
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$15,000	\$15,000	\$15,000
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 21	93.069	333.93.06	07/01/24	12/31/24	07/01/24	06/30/25	\$20,630	\$20,630	\$20,630
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 15	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$34,384	\$34,384	\$82,522
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$34,384	\$34,384	\$34,384
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$13,754	\$13,754	\$13,754
FFY24 OD2A OID CDC Prevent	NU17CE010218	Amd 22	93.136	333.93.13	09/01/24	12/31/24	09/01/24	08/31/25	\$32,667	\$32,667	\$130,667
FFY23 OD2A OID CDC	NU17CE010218	Amd 17	93.136	333.93.13	01/01/24	08/31/24	09/01/23	08/31/24	\$98,000	\$98,000	\$98,000
FFY22 Title X Dire Needs	FPHPA006495	Amd 2	93.217	333.93.21	01/14/22	03/31/22	01/14/22	03/31/22	\$4,066	\$4,066	\$4,066
FFY24 FPHPA Title X Family Plan	FPHPA006560	Amd 24	93.217	333.93.21	04/01/24	12/31/24	04/01/24	03/31/25	\$13,747	\$31,480	\$31,480
FFY24 FPHPA Title X Family Plan	FPHPA006560	Amd 19	93.217	333.93.21	04/01/24	12/31/24	04/01/24	03/31/25	\$17,733	\$17,733	\$17,733
FFY23 Title X Family Planning	FPHPA006560	Amd 14	93.217	333.93.21	04/01/23	03/31/24	04/01/23	03/31/24	\$30,822	\$30,822	\$57,959
FFY22 Title X Family Planning	FPHPA006560	Amd 5	93.217	333.93.21	04/01/22	03/31/23	04/01/22	03/31/23	\$27,137	\$27,137	\$27,137
COVID19 CDC Vaccines	NH23IP922619	Amd 22	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	(\$278,114)	\$0	\$0
COVID19 CDC Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$278,114	\$278,114	\$278,114
COVID19 Vaccines R4	NH23IP922619	Amd 21	93.268	333.93.26	07/01/24	12/31/24	07/01/20	12/31/24	\$10,966	\$10,966	\$119,176
COVID19 Vaccines R4	NH23IP922619	Amd 22	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	(\$601,396)	\$108,210	\$108,210
COVID19 Vaccines R4	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$354,803	\$354,803	\$354,803
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$354,803	\$354,803	\$354,803
FFY25 CDC VFC Ops	NGA Not Received	Amd 21	93.268	333.93.26	07/01/24	12/31/24	07/01/24	06/30/25	\$5,600	\$5,600	\$11,760
FFY24 CDC VFC Ops	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$560	\$6,160	\$6,160
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$5,600	\$5,600	\$5,600
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$5,600	\$5,600	\$5,600
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$5,600	\$5,600	\$5,600
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$14,664	\$14,664	\$14,664

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					LHJ Funding Period	Start Date End Date	Chart of Accounts Funding Period	Start Date End Date			
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$2,281)	\$1,737	\$1,737
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 4	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$78,694)		
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$82,712		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 21	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	\$15,580	\$357,402	\$357,402
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 9, 21	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	(\$6,375)		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9, 21	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	(\$90,842)		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 21	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	\$439,039		
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 16, 20	93.354	333.93.35	07/01/23	12/31/24	07/01/23	06/30/25	\$200,000	\$200,000	\$200,000
FFY22 NEHA Climate & Health Grant	NU38OT000300	Amd 9	93.421	333.93.42	04/11/22	12/31/22	04/01/22	12/31/22	\$11,000	\$22,000	\$22,000
FFY22 NEHA Climate & Health Grant	NU38OT000300	Amd 5	93.421	333.93.42	04/11/22	12/31/22	04/01/22	12/31/22	\$11,000		
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 17	93.967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000	\$200,000
FFY25 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 21	93.994	333.93.99	10/01/24	12/31/24	10/01/24	09/30/25	\$9,175	\$9,175	\$65,741
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 15	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$36,700	\$36,700	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 15	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$16,834)	\$19,866	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$36,700		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 15	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$16,834	\$16,834	\$16,834
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$27,525	\$27,525	\$27,525
SFY25 SBHC Proviso		Amd 19	N/A	334.04.90	07/01/24	12/31/24	07/01/24	06/30/25	\$29,000	\$91,000	\$246,000
SFY25 SBHC Proviso		Amd 14	N/A	334.04.90	07/01/24	12/31/24	07/01/24	06/30/25	\$62,000		
SFY24 SBHC Proviso		Amd 19	N/A	334.04.90	07/01/23	06/30/24	07/01/23	06/30/24	\$10,000	\$155,000	
SFY24 SBHC Proviso		Amd 16	N/A	334.04.90	07/01/23	06/30/24	07/01/23	06/30/24	\$35,000		
SFY24 SBHC Proviso		Amd 14	N/A	334.04.90	07/01/23	06/30/24	07/01/23	06/30/24	\$110,000		
SFY23 School Based Health Centers		Amd 5	N/A	334.04.90	07/01/22	06/30/23	07/01/22	06/30/23	\$150,000	\$150,000	\$150,000
SFY25 Sexual & Rep Hlth Cost Share		Amd 20	N/A	334.04.91	07/01/24	12/31/24	07/01/24	06/30/25	\$48,323	\$48,323	\$260,084
SFY24 Sexual & Rep Hlth Cost Share		Amd 18	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$1,800	\$87,652	
SFY24 Sexual & Rep Hlth Cost Share		Amd 17	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$42,926		
SFY24 Sexual & Rep Hlth Cost Share		Amd 15, 17	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$42,926		

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SFY23 Sexual & Rep Hlth Cost Share		Amd 10	N/A	334.04.91	07/01/22 06/30/23	07/01/22 06/30/23	\$40,357	\$80,009	
SFY23 Sexual & Rep Hlth Cost Share		Amd 7, 10	N/A	334.04.91	07/01/22 06/30/23	07/01/22 06/30/23	\$39,652		
SFY22 Sexual & Rep Hlth Cost Share		Amd 5	N/A	334.04.91	01/01/22 06/30/22	07/01/21 06/30/22	\$5,880	\$44,100	
SFY22 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/22 06/30/22	07/01/21 06/30/22	\$38,220		
SFY25 Drug User Health Program		Amd 17	N/A	334.04.91	07/01/24 12/31/24	07/01/24 06/30/25	\$40,250	\$40,250	\$88,000
SFY24 Drug User Health Program		Amd 17	N/A	334.04.91	01/01/24 06/30/24	07/01/23 06/30/24	\$40,250	\$40,250	
SFY24 Drug User Health Program		Amd 14	N/A	334.04.91	07/01/23 12/31/23	07/01/23 06/30/24	\$7,500	\$7,500	
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22 06/30/23	07/01/21 06/30/23	\$15,000	\$15,000	\$22,500
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22 06/30/22	07/01/21 06/30/23	\$7,500	\$7,500	
LHIJ COVID-19 GFS		Amd 19	N/A	334.04.92	07/01/23 06/30/24	07/01/23 06/30/24	\$37,439	\$37,439	\$37,439
SFY25 LHIJ Opioid Campaign Proviso		Amd 22	N/A	334.04.93	11/01/24 12/31/24	07/01/24 06/30/25	\$24,500	\$24,500	\$24,500
Rec Shellfish/Biotoxin		Amd 20	N/A	334.04.93	07/01/23 12/31/24	07/01/23 06/30/25	\$3,000	\$14,100	\$31,600
Rec Shellfish/Biotoxin		Amd 14	N/A	334.04.93	07/01/23 12/31/24	07/01/23 06/30/25	\$11,100		
Rec Shellfish/Biotoxin		Amd 9	N/A	334.04.93	01/01/22 06/30/23	07/01/21 06/30/23	\$7,000	\$17,500	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22 06/30/23	07/01/21 06/30/23	\$10,500		
Small Onsite Management (ALEA)		Amd 14	N/A	334.04.93	07/01/24 12/31/24	07/01/23 06/30/25	\$33,333	\$33,333	\$104,166
Small Onsite Management (ALEA)		Amd 14	N/A	334.04.93	07/01/23 06/30/24	07/01/23 06/30/25	\$33,333	\$33,333	
Small Onsite Management (ALEA)		Amd 12	N/A	334.04.93	07/01/22 06/30/23	07/01/21 06/30/23	\$9,375	\$24,375	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22 06/30/23	07/01/21 06/30/23	\$15,000		
Small Onsite Management (ALEA)		Amd 12	N/A	334.04.93	01/01/22 06/30/22	07/01/21 06/30/23	(\$9,375)	\$13,125	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22 06/30/22	07/01/21 06/30/23	\$22,500		
Small Onsite Management (GFS)		Amd 16	N/A	334.04.93	07/01/24 12/31/24	07/01/23 07/01/25	(\$31,970)	\$0	\$0
Small Onsite Management (GFS)		Amd 14	N/A	334.04.93	07/01/24 12/31/24	07/01/23 07/01/25	\$31,970		
SFY25 Wastewater Management-GFS		Amd 16	N/A	334.04.93	07/01/24 12/31/24	07/01/23 06/30/25	\$31,970	\$31,970	\$61,970
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22 06/30/23	07/01/21 06/30/23	\$30,000	\$30,000	
SFY23 FPHS-LHIJ-GFS		Amd 6, 9	N/A	336.04.25	07/01/22 06/30/23	07/01/21 06/30/23	\$1,433,000	\$1,433,000	\$1,433,000
SFY25 FPHS-LHIJ Funds-GFS		Amd 21	N/A	336.04.25	07/01/24 12/31/24	07/01/24 06/30/25	\$1,166,500	\$2,333,000	\$4,666,000
SFY25 FPHS-LHIJ Funds-GFS		Amd 20	N/A	336.04.25	07/01/24 12/31/24	07/01/24 06/30/25	\$1,166,500		
SFY24 FPHS-LHIJ-Funds-GFS		Amd 15	N/A	336.04.25	07/01/23 06/30/24	07/01/23 06/30/24	\$900,000	\$2,333,000	
SFY24 FPHS-LHIJ-Funds-GFS		Amd 14	N/A	336.04.25	07/01/23 06/30/24	07/01/23 06/30/24	\$1,433,000		

EXHIBIT B-22
ALLOCATIONS

Page 6 of 25
Contract Number: CLH31013
Date: October 1, 2024

Jefferson County Public Health

Indirect Rate January 1, 2022 through December 31, 2022: 29.23% Public Health
Indirect Rate January 1, 2023 through December 31, 2023: 35.85% Public Health
Indirect Rate January 1, 2024 through December 31, 2024: 27.94% Public Health

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work			DOH Use Only			Amount	Funding Period Sub/Total	Chart of Accounts Total
					LHJ Funding Period	Start Date	End Date	Chart of Accounts Funding Period	Start Date	End Date			
FPHS-LHU-Proviso (YR2)		Amd 7	N/A	336.04.25		07/01/22	06/30/23		07/01/21	06/30/23	(\$550,000)	\$0	\$445,181
FPHS-LHU-Proviso (YR2)		Amd 1	N/A	336.04.25		07/01/22	06/30/23		07/01/21	06/30/23	\$550,000		
FPHS-LHU-Proviso (YR1)		Amd 10	N/A	336.04.25		01/01/22	06/30/22		07/01/21	06/30/23	\$32,681	\$445,181	
FPHS-LHU-Proviso (YR1)		Amd 4	N/A	336.04.25		01/01/22	06/30/22		07/01/21	06/30/23	(\$137,500)		
FPHS-LHU-Proviso (YR1)		Amd 1	N/A	336.04.25		01/01/22	06/30/22		07/01/21	06/30/23	\$550,000		
YR 27 SRF - Local Asst (15%) SS		Amd 22	N/A	346.26.64		01/01/24	12/31/24		07/01/23	06/30/25	\$1,800	\$1,800	\$5,400
YR 26 SRF - Local Asst (15%) SS		Amd 22	N/A	346.26.64		01/01/24	12/31/24		07/01/23	06/30/25	(\$1,800)	\$0	
YR 26 SRF - Local Asst (15%) SS		Amd 16	N/A	346.26.64		01/01/24	12/31/24		07/01/23	06/30/25	\$1,800		
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64		01/01/23	12/31/23		01/01/23	12/31/23	\$2,200	\$2,200	
YR 24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64		01/01/22	12/31/22		07/01/21	06/30/23	\$1,400	\$1,400	
Sanitary Survey Fees SS-State		Amd 16	N/A	346.26.65		01/01/22	12/31/24		07/01/21	12/31/24	\$1,800	\$5,400	\$5,400
Sanitary Survey Fees SS-State		Amd 11, 16	N/A	346.26.65		01/01/22	12/31/24		07/01/21	12/31/24	\$2,200		
Sanitary Survey Fees SS-State		Amd 1, 11, 16	N/A	346.26.65		01/01/22	12/31/24		07/01/21	12/31/24	\$1,400		
YR 27 SRF - Local Asst (15%) TA		Amd 22	N/A	346.26.66		01/01/24	12/31/24		07/01/23	06/30/25	\$1,000	\$1,000	\$2,000
YR 26 SRF - Local Asst (15%) TA		Amd 22	N/A	346.26.66		01/01/24	12/31/24		07/01/23	06/30/25	(\$1,000)	\$0	
YR 26 SRF - Local Asst (15%) TA		Amd 19	N/A	346.26.66		01/01/24	12/31/24		07/01/23	06/30/25	\$1,000		
YR 25 SRF - Local Asst (15%) TA		Amd 19	N/A	346.26.66		01/01/23	12/31/23		01/01/23	12/31/23	(\$1,000)	\$0	
YR 25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66		01/01/23	12/31/23		01/01/23	12/31/23	\$1,000		
YR 24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66		01/01/22	12/31/22		07/01/21	06/30/23	\$1,000	\$1,000	
TOTAL											\$9,852,125	\$9,852,125	
Total consideration:													\$9,852,125
GRAND TOTAL													\$2,268,885
													\$7,583,240

\$10,674,468
(\$822,343)

\$9,852,125

*Catalog of Federal Domestic Assistance

**Federal revenue codes begin with "333". State revenue codes begin with "334".

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Infectious Disease-Syndemic Prevention Services-
 SSP - Effective January 1, 2024

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

SOW Type: Revision **Revision # (for this SOW)** 1

Period of Performance: January 1, 2024 through December 31, 2024

Funding Source ☒ Federal Subrecipient ☒ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide Syndemic Prevention Services for infectious diseases (HIV, STI, and Adult Viral Hepatitis), supporting the Office of Infectious Disease (OID) within Department of Health (DOH). Awarded through OID's 2024 Syndemic RFA.

Revision Purpose: To add funding for OD2A for 9/1/24-12/31/24

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY24 DRUG USER HEALTH PROGRAM	12405140	N/A	334.04.91	01/01/24 06/30/24	40,250	0	40,250
SFY25 DRUG USER HEALTH PROGRAM	12405150	N/A	334.04.91	07/01/24 12/31/24	40,250	0	40,250
FFY23 OD2A OID CDC	12405231	93.136	333.93.13	01/01/24 08/31/24	98,000	0	98,000
FFY24 OD2A OID CDC PREVENT	12405241	93.136	333.93.13	09/01/24 12/31/24	0	32,667	32,667
					0	0	0
					0	0	0
					0	0	0
TOTALS					178,500	32,667	211,167

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Syringe Services Programs (SSP): Support for Operations Provide comprehensive SSP to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSPs will operate during scheduled hours to provide all required harm reduction supplies, naloxone, and syringes to prevent transmission of disease and overdose. SSPs will offer referrals to address social determinants of health.	SSP operations outcomes include delivering services and tracking: • number of sterile syringes distributed • number of naloxone kits distributed • number of participant encounters • number of referrals to health and social services	Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service.	Reimbursement of actual costs incurred, not to exceed \$80,500 based on funding split below. \$40,250 for 1/1/24-6/30/24 \$40,250 for 7/1/24-12/31/24

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Priority populations for Syringe Services Programs include people who use drugs, with a focus on: • People systemically marginalized and underserved due to racism – Black/African American, Latino/Latina/Latine/Latinx, American Indian/Alaska Native people and other communities for whom there are documented health disparities in your region. • People who are unhoused or unstably housed. • People engaged in sex work. • People involved in the criminal legal system. • Gender expansive/transgender individuals. • Gay, bi, and other men who have sex with men. NOTE: See Special Requirements, Terms and Conditions – Section 4 Syringe Services Programs: Support for Operations Program Requirements for additional task information. Syringe Services Programs: Clinical Services Provide direct access to clinical services to improve the health and well-being of people who use drugs. At minimum, services must include onsite, low-barrier access to wound care, infectious disease testing, STI and hepatitis C treatment, and medications for opioid use disorder. Additional services can include mental health services, sexual and reproductive health care, and other primary care and psychosocial support services. NOTE: See Special Requirements, Terms and Conditions – Section 6 Syringe Services Program, Clinical Services Requirements for additional task information.	SSP Clinical services outcomes may include, but are not limited to, delivering services and tracking: • Number of wound care sessions • Number of infectious disease tests conducted (hepatitis C, HIV, gonorrhea-chlamydia, syphilis) • % positive of infectious disease tests (hepatitis C, HIV, gonorrhea-chlamydia, syphilis) • Number of participants started on hepatitis C treatment • Number of participants inducted on medications for opioid use disorder		
2	Syringe Services Programs: Harm Reduction Service Navigation Provide appropriate referrals to SSP participants; facilitate access to receive health care and medical services, social services, behavioral health counseling and other services including substance use treatment (including medications	Harm reduction care navigation outcomes include delivering services and tracking: • number of participants enrolled in care navigation services • number of care navigation sessions • number of referrals to health and social services	Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service.	Reimbursement of actual costs incurred, not to exceed \$98,000 \$130,667 \$98,000 for 1/1/24-8/31/24

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	for opioid use disorder, or MOUD); housing; and advocacy, including but not limited to criminal legal involvement, medical providers, benefits navigation, and family reunification. NOTE: See Special Requirements, Terms and Conditions – Section 5 Syringe Services Program, Harm Reduction Care Navigation Requirement for additional task information.	- number of linkages to care for health and social services - number of outreach attempts per participant		<i>\$32,667 for 9/1/24-12/31/24</i>

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA) or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Special Requirements, Terms and Conditions

1. Definitions

- ANONYMOUS SERVICES- HIV Prevention services including condom distribution, outreach and light touch.
- CAPACITY BUILDING- The process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently.
- CONTRACTOR – For the purposes of this Statement of Work Only, the entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work will be referred to as contractor.
- HARM REDUCTION - Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- INTEGRATED TESTING- For the purpose of this Statement of Work, Integrated Testing includes Human Immunodeficiency Virus (HIV), Gonorrhea (GC), Chlamydia (CT), Syphilis, Hepatitis C (HCV) and Hepatitis B (HBV).
- SOCIAL DETERMINANTS OF HEALTH - Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- YOUTH- For purposes of this agreement, the term “youth” applies to persons under the age of 18.

2. Submission of Invoice Vouchers

- On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and the corresponding OID Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.

- i. The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine availability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
- ii. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- b. The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by July 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

3. Program Organization – CONTRACTOR must

- a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information if applicable, and staffing plan referencing positions described in the budget narrative.
- b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.
 - i. Any new positions funded through the original contract funds, must have prior DOH approval.
- c. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies related to contracted positions and provide an updated budget.
 - i. Any new fiscal staff responsible for invoicing on this contract will need to meet with the assigned OID Contract Manager within 60 days for DOH invoice overview and training.

4. Syringe Services Program: Support for Operations Program Requirements

- a. Operate for a minimum of 8 hours per week and 2 days per week.
- b. Provide mobile and/or street outreach (note: programs must have a vehicle for mobile outreach.)
- c. Offer safer injection supplies (see list of required safer injection supplies below).
- d. Submit monthly SSP data in accordance with DOH standards.
- e. Attend required capacity building/training opportunities provided by DOH.
- f. Participate in annual site visits with DOH staff.
- g. Demonstrate structure for receiving and incorporating participant feedback about services.
- h. Partner with relevant local agencies to ensure effective outreach and service provision. (See Scope of Work narrative below for details on MOUs required.)
- i. Develop and maintain a Universal Precautions and Sharps Handling policy and procedure, including clear, written policies on handling biohazardous waste, avoiding unnecessary handling of sharps, and potential needle stick injuries to staff, volunteers, and participants. Programs should follow the universal precaution guidelines established by the CDC and OSHA. SSPs may need to adapt those precautions to accommodate the circumstances of their work (e.g., mobile and outreach settings). Programs should also anticipate the potential of needlestick injury and have a “post-exposure-prophylaxis” protocol included in this document.
- j. All staff and volunteers working directly with participants/clients must complete CPR certification within the first 3 months after contract start date (if not already complete).

5. Syringe Services Program, Harm Reduction Care Navigation Requirements

- a. Includes all requirements for Syringe Service Program operations (see above)
- b. Attend Harm Reduction Care Navigation training provided by DOH.
- c. Support participant transportation (e.g., through the provision of bus passes, cab vouchers, or direct transportation).
- d. Accompany participants to appointments or provide “warm hand-offs.”
- e. Full-time care navigators (1.0 FTE) shall not exceed a case load greater than 25 individuals.
- f. Submit monthly outcome data in accordance with DOH standards.

6. Syringe Services Program, Clinical Services Requirements

- a. Includes all requirements for Syringe Service Program operations (see above)
- b. Must have clinical staff licensed to practice in the state of Washington to provide clinical services (e.g., RN, PA, ARNP, LCSW).
- c. If providing advanced level clinical services (e.g., PA, ARNP, CNM), programs must have appropriate clinical oversight.

Note: Clinical services can be provided through sub-contractor arrangement or MOU with a Federally Qualified Health Center or other clinical partner if there is a justification the relationship will support efforts to reach people who use drugs and provide onsite and/or mobile clinical services. Clinical services can also be provided using telemedicine services with appropriate description of why in-person services cannot be provided and who the telemedicine partner(s) will be.

NOTE: Funds from this contract may not be used to purchase basic safer injection supplies (listed below) – Instead, DOH will provide Contractors with supplies.

Below is the list of required supplies for SSP to be provided to Contractors by DOH:

- 1) Syringes (1 cc 27 gauge 1/2", 28 gauge 1/2", and 29 gauge 1/2", and 30 gauge 5/16"; 3 cc 25G 1" and 1.5")
- 2) Alcohol pads
- 3) Non-latex tourniquets
- 4) Sterile water
- 5) Sterile saline
- 6) Cookers
- 7) Cottons and/or cellulose filters
- 8) Bandages/gauze
- 9) Sharps containers (1 quart and 2 gallon for distribution, 8 gallon for program use)
- 10) Naloxone
- 11) Amber bags

The exceptions to these supplies are vendor or manufacturer supply shortages. If a program expects to run out of one of these items, please contact DOH immediately.

7. Performance Objectives & Work Plan:

- a. Funded Syndemic Prevention Services agencies are required to submit Performance Objectives and Work Plan that provides both a high-level overview of the period of performance and a detailed description of the first year of the contract period. The work plan should incorporate related program strategies and activities. Applicants should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with performance outcomes. The work plan should include training, capacity building, and TA needs to support the implementation of the funded services. Proposed work plan activities may be adjusted in collaboration with OID staff to better address the overarching goals of the funded services. OID will provide a template that must be used in developing the work plan.
- b. The applicant should address the following outline in their work plan:
 - i. Contract Year 1 Detailed Work Plan (For each funded service category)
 - ii. Program strategies and activities
 - iii. Outcomes aligned with program strategies and activities
 - iv. SMART objectives aligned with performance targets
 - v. Activities aligned with program outcomes
 - vi. Timeline for implementation (including staffing of the proposed program, training, etc.)
 - vii. Anticipated capacity building or technical assistance needs.
- c. Performance Objectives & Work Plans should be submitted by July 1, 2024.
- d. OID staff are available to support in developing Performance Objectives & Work Plans in collaboration with funded agencies.
- e. Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.

8. **Participation in program evaluation activities** – The Contractor is expected to participate in program evaluation activities, including evaluation planning, and collecting and reporting qualitative and quantitative program data, as deemed necessary by OID staff.

9. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of Syndemic Services

- a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
- b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
- c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.

10. CLAS Standards – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](#)

11. Participation in Program Monitoring Activities –

- a. DOH will conduct semi-annual or annual performance site visits in the following areas:
 - i. Integrated testing
 - ii. Syndemic service navigation
 - iii. PrEP Housing
 - iv. Syringe Service Programs
 - v. Mail-order naloxone distribution programs
 - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit

- b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

If a non-Federal entity fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or pass-through entity may impose additional conditions, as described in § 200.208. If the Federal awarding agency or pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:

- (a) Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the Federal awarding agency or pass-through entity.
- (b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
- (c) Wholly or partly suspend or terminate the Federal award.
- (d) Initiate suspension or debarment proceedings as authorized under 2 CFR part 180 and Federal awarding agency regulations (or in the case of a pass-through entity, recommend such a proceeding be initiated by a Federal awarding agency).
- (e) Withhold further Federal awards for the project or program.
- (f) Take other remedies that may be legally available

12. Contract Management –

a. **Fiscal Guidance**

- i. **Indirect** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or 10% De Minimus certification of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
- ii. **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.

iii. **Duplication of Early Intervention Program (EIP) Services** – The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.

iv. **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer gift cards voucher programs to assure that recipients cannot readily convert vouchers into cash.

1. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.
2. General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
3. The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.

v. **Funds for Needle Exchange Programs Not Allowed with Federal Funding** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.

vi. **Travel** – Out of staff travel requires prior approval from DOH and must follow [GSA](#) guidelines and reimbursement rates.

vii. **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e., case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the W.A State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum, the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

viii. **Small and Attractive items** – Each Contractor shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. The Contractor shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>.

The Contractor shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the Contractor should perform a follow-up risk assessment to determine if the additional controls implemented are effective in managing the identified risks.

Contractor must include, at a minimum, the following assets with unit costs of \$300 or more:

1. Laptops and Notebook Computers
 2. Tablets and Smart Phones
- Agencies must also include the following assets with unit costs of \$1,000 or more:
1. Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders
 2. Cameras and Photographic Projection Equipment
 3. Desktop Computers (PCs)
 4. Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)

- ix. **Food and Refreshments** – Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. **Pre-approval** is required when food and refreshments are purchased for these meetings. A sign in sheet with the clients' ID number from the DOH approved data system as well as an agenda is required to receive reimbursement for these charges.
1. The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health](#) when purchasing food and refreshments for approved meetings.
 2. Food for staff meetings/training is unallowable.

PLEASE NOTE: If meals/refreshments are purchased for allowable meetings, food can only be purchased for clients at the per diem rate. Any expenses over per diem will be denied. [U.S. General Services Administration Per Diem Look Up](#)

- x. **Reimbursement of disallowed costs** – The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.

b. **Contract Modifications**

- i. **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii. **Contract Amendments – Effective Date** – The CONTRACTOR shall not begin providing services authorized by a contract amendment until the CONTRACTOR has received a signed and fully executed copy of the contract amendments from DOH.
 1. Local Health Jurisdiction (LHJ) Contractors – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
 2. Non- LHJ Contractors – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and 90 days prior to end of the State Fiscal Year (SFY).
 - Amendments must be signed prior to the end of the FFY or SFY end date.

EX. FFY end date is 12/31, contract amendment request due to contract manager by 11/1

13. **Content Review and Website Disclaimer Notice**

In accordance with all federal guidance, contractors receiving funds through DOH will submit all proposed written materials requiring review for HIV-related scientific or medical accuracy including written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages to the OID Content Review Committee. CONTRACTOR shall submit all materials to be reviewed for scientific or medical accuracy to:

Michael Barnes, Washington State Department of Health
 PO Box 47841
 Olympia, WA 98504-7841
 Phone: 360-810-1880
 Email: Michael.Barnes@doh.wa.gov

For social marketing campaigns and media strategies, please adhere to the program guidance on the review of HIV-related educational and informational materials for CDC assistance programs <https://www.cdc.gov/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-content-review-guidance.pdf>

14. Youth and Peer Outreach Workers

All programs, including CONTRACTORS, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue. Agencies will also ensure that organizational staff and youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments. Agencies will also maintain and implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

15. Whistleblower

- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an "employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for "whistleblowing." In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.
- b. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections." This program requires all grantees, their subcontractors, and subcontractors to:
 - i. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program
 - ii. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
 - iii. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

16. Allowable Costs

All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

For information in determining allowable costs, please reference OMB Circulars:

2 CFR200 (State, Local and Indian Tribal governments) at: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

**Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or STI diagnosis and treatment. Please note that CONTRACTORS fit under the definition of "health care providers" and "individuals with knowledge of a person with a reportable disease or condition" in the WAC and RCW.

DOH statutory authority to have access to the confidential information or limited Dataset(s) identified in this agreement to the Information Recipient: RCW 43.70.050
 Information Recipient's statutory authority to receive the confidential information or limited Dataset(s) identified in this Agreement: RCW 70.02.220 (7)

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Injury & Violence Prevention-LHJ Opioid Campaign
Proviso – Effective November 1, 2024

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

SOW Type: Original **Revision # (for this SOW)**

Funding Source ☐ Federal <Select One> ☒ State ☐ Other	Federal Compliance (check if applicable) ☐ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Period of Performance: November 1, 2024 through December 31, 2024

Statement of Work Purpose: Opioid abatement settlement account—state appropriation is provided solely for the Department of Health to administer grants to local health jurisdictions for opioid and fentanyl awareness, prevention, and education campaigns.

NOTE: This SOW is part of the 2022-2024 Consolidated Contract term that ends on December 31, 2024. A new Consolidated Contract term for 2025-2027 will begin on January 1, 2025. Activities and due dates in this SOW are for state fiscal year 25 that ends on June 30, 2025 and will be continued in a new SOW in the next Consolidated Contract term from January 1, 2025 through June 30, 2025. The funding allocation in this SOW reflects a portion of the total budget shown in the below budget table. The remaining funding allocation will be added into the new SOW in the next Consolidated Contract term starting on January 1, 2025.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY25 LHJ OPIOID CAMPAIGN PROVISIO	77550853	N/A	334.04.93	11/01/24 12/31/24	0	24,500	24,500
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	24,500	24,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Create two (2) banners and 1,000 brochures with prevention messaging and fact-based educational messaging.	Banners will be hung across SR-20 in Port Townsend; professional brochures will be distributed at all public health events throughout the funding period and beyond.	Monthly A19 and supporting documentation Monthly Progress Report, November 2024-June 2025	Monthly invoices for actual cost reimbursement will be submitted to DOH.
2	Develop two to four (2-4) public media posts that will occur each month throughout the year including static images and videos on Instagram and Facebook: one (1) video for LHJ's YouTube channel.	Two (2) media posts on each channel each month throughout the funding period.	Monthly A19 and supporting documentation Monthly Progress Report, November 2024-June 2025	Total of all invoices will not exceed \$24,500 through December 31, 2024.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Six (6) newspaper and community board advertising purchase to promote awareness and science-based information about opioid, fentanyl, and MOUD.	Arrange with local newspapers The Leader, and the Peninsula Daily News for advertising in the 6-months Jan. – June of the funding period	Monthly A19 and supporting documentation Monthly Progress Report, November 2024-June 2025	
4	Planning Stage: Host four (4) interactive public education events with community partners at the Nest (OWL 360), Recovery Café, Chimacum Grange, and Quilcene Guild Hall that focus on de-stigmatization, science-based education, and community understanding of not only opioid and fentanyl use in our community but also how community engagement is a preventative measure.	Arrange with community partners to decide on month, date, time for events and space them throughout the 2025 funding cycle.	Monthly A19 and supporting documentation Monthly Progress Report, November 2024-June 2025	
5	Planning Stage: To work with KPTZ Radio station in Port Townsend to develop and participate in four (4), one-hour long, interview programs to educate public and dispel myths and stigmas related to opioid and fentanyl use disorders.	Live programs will run during a time to be determined in a month to be determined for fiscal 2025.	Monthly A19 and supporting documentation Monthly Progress Report, November 2024-June 2025	

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Program Specific Requirements

Billing Requirements: DOH awards funding through reimbursement-based billing. Invoices must be submitted monthly on an A19-1A invoice voucher. DOH must receive all complete final invoices within 60 days of the end of the budget period for this statement of work.

Budget Table

Line Item	Allocation	Justification
Salaries	\$19,035	1.5 to 2 hrs./wk (will be assigned/shared with two communications' staff members.)
Benefits	\$8,158	*
Goods and Services	\$16,578	
Newspaper ads	\$7,128	6 Full-page newspaper advertisements: \$1,188.00 x 6
Social media boosting	\$500	
Video development and execution	\$8,200	*
Banners	\$500	2 banners x \$250 each

Brochures	\$250	
Administrative costs/indirect	\$12,229	27.94% indirect rate
TOTAL	\$56,000	

*Additional budget negotiation information will be requested and added in the January Statement of Work.

The LHJ must receive written approval from DOH before making any changes to the SOW activities or itemized budget.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2022

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

SOW Type: Revision **Revision # (for this SOW)** 5

Period of Performance: January 1, 2022 through December 31, 2024

Funding Source ☒ Federal Contractor ☒ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☐ Reimbursement ☒ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems

Revision Purpose: The purpose of this revision is to update funding provided for Sanitary Survey and Technical Assistance activity assigned 1/1/2024 through 12/31/2024.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change None	Total Allocation
SANITARY SURVEY FEES SS-STATE	24112522	N/A	346.26.65	01/01/22 12/31/24	5,400	0	5,400
YR 24 SRF - LOCAL ASST (15%) (FO-SW) SS	24239224	N/A	346.26.64	01/01/22 12/31/22	1,400	0	1,400
YR 24 SRF - LOCAL ASST (15%) (FO-SW) TA	24239224	N/A	346.26.66	01/01/22 12/31/22	1,000	0	1,000
YR 25 SRF - LOCAL ASST (15%) SS	24119226	N/A	346.26.64	01/01/23 12/31/23	2,200	0	2,200
YR 25 SRF - LOCAL ASST (15%) TA	24119226	N/A	346.26.66	01/01/23 12/31/23	0	0	0
YR 26 SRF - LOCAL ASST (15%) SS	24119226	N/A	346.26.64	01/01/24 12/31/24	1,800	-1,800	0
YR 26 SRF - LOCAL ASST (15%) TA	24119226	N/A	346.26.66	01/01/24 12/31/24	1,000	-1,000	0
YR 27 SRF - LOCAL ASST (15%) SS	24119227	N/A	346.26.64	01/01/24 12/31/24	0	1,800	1,800
YR 27 SRF - LOCAL ASST (15%) TA	24119227	N/A	346.26.66	01/01/24 12/31/24	0	1,000	1,000
					0	0	0
TOTALS					12,800	0	12,800

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity.	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist.	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$400 for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$800 for each sanitary survey of a non-community

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.	3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office.		system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. See Special Instructions for task activity.	For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Data Sharing

The Office of Drinking Water will share water system information and files with the local health jurisdiction to support the work identified in this statement of work. To request water system data please contact the regional office with the name of the water system, water system ID#, specific information being requested and any timeline requirements. If allowable, please give administrative staff 3 to 5 business days to provide records.

Program Manual, Handbook, Policy References: Field Guide (DOH Publication 331-486).

Special References:

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHJ to conduct sanitary surveys (and SPLs and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPLs and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of **\$10,800 for Task 1**, and **\$2,000 for Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

When invoicing for **Task 1**, submit the list of WS Name, ID #, Amount Billed, Survey Date and Letter Date for which you are requesting payment.

When invoicing for **Task 2-3**, submit the list of WS Name, ID #, TA Date and description of TA work performed, and Amount Billed.

When invoicing for **Task 4**, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Exhibit A, Statement of Work

Voucher to DOH Grants Management, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

Special Instructions

Task 1

Trained LHJ staff will evaluate the water system for physical and operational deficiencies and prepare a Final Sanitary Survey Report which has been accepted by ODW. Detailed guidance is provided in the *Field Guide for Sanitary Surveys, Special Purpose Investigations and Technical Assistance* (Field Guide). The sanitary survey will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHJ may request ODW assistance.

- No more than 1 surveys of non-community systems with three or fewer connections be completed between January 1, 2022 and December 31, 2022.
- No more than 3 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.
- No more than 3 surveys of non-community systems with three or fewer connections be completed between January 1, 2023 and December 31, 2023.
- No more than 4 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2023 and December 31, 2023.
- No more than 1 survey of non-community systems with three or fewer connections be completed between January 1, 2024 and December 31, 2024.
- No more than 4 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2024 and December 31, 2024.

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

Task 2

Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

Task 3

Trained LHJ staff will conduct Technical Assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

Task 4

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work.

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine -
Effective January 1, 2022

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

SOW Type: Revision **Revision # (for this SOW)** 6

Period of Performance: January 1, 2022 through June 30, 2024

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

Revision Purpose: The purpose of this revision is to remove funds.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Decrease (-)	Total Allocation
COVID19 Vaccines R4	74310259	93.268	333.93.26	01/01/22 06/30/24	709,606	-601,396	108,210
COVID19 CDC Vaccines	74310236	93.268	333.93.26	01/01/22 06/30/24	278,114	-278,114	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					987,720	-879,510	108,210

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
The purpose of this statement of work is to identify activities and provide funding to support COVID vaccine response outreach, education, and operations. The activities may include other vaccines recommended for the audience population, as long as COVID vaccine is the primary focus and references to other vaccines are secondary.				
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services.			
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.	Written report describing activity/activities and progress made to-date and strategies used (template to be provided)	June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	Written report, showing the strategies used and the final progress of the reach (template to be provided)	June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) or adjust vaccine delivery approaches to optimize access. Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	Reports summarizing quantity, type, and frequency of activities	December 31 and June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.

Unallowable Costs:

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase

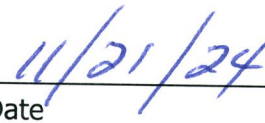
RECOMMENDATION:

JCPH Management recommends BoCC approval of Consolidated Contract Amendment #22; January 1 2022 – December 31, 2024; decrease of \$822,343 for a total of \$9,852,125.

REVIEWED BY:



Mark McCauley, County Administrator



Date

**JEFFERSON COUNTY PUBLIC HEALTH
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31013

AMENDMENT NUMBER: 21

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and JEFFERSON COUNTY PUBLIC HEALTH, a Local Health Jurisdiction, hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:

<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitespages/home.aspx?e19a94588da2d94d3ea80ac71bc32e4d7c>

- ☒ Adds Statements of Work for the following programs:

Office of Immunization COVID-19 Vaccine - Effective July 1, 2024

Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2024

Office of Resiliency & Health Security-PHEP - Effective July 1, 2024

- ☒ Amends Statements of Work for the following programs:

DCHS - ELC COVID-19 Response - Effective January 1, 2022

Foundational Public Health Services (FPHS) - Effective July 1, 2024

Maternal & Child Health Block Grant - Effective January 1, 2022

Sexual & Reproductive Health Program - Effective January 1, 2022

WIC Nutrition Program - Effective January 1, 2022

- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-21 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-20 Allocations as follows:

- ☒ Increase of \$1,258,189 for a revised maximum consideration of \$10,674,468.

- ☐ Decrease of _____ for a revised maximum consideration of _____.

- ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

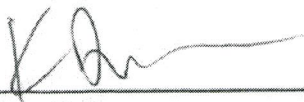
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

JEFFERSON COUNTY WASHINGTON
BOARD OF COUNTY COMMISSIONERS

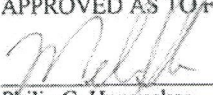
STATE OF WASHINGTON
DEPARTMENT OF HEALTH

 09/09/24
Kate Dean, Chair Date

 09/11/2024
Brenda Hunsucker Date

APPROVED AS TO FORM ONLY

APPROVED AS TO FORM ONLY
Assistant Attorney General

 for 09/05/2024
Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

Indirect Rate January 1, 2022 through December 31, 2022: 29.23% Public Health
Indirect Rate January 1, 2023 through December 31, 2023: 35.85% Public Health
Indirect Rate January 1, 2024 through December 31, 2024: 27.94% Public Health

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #	BAARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$37,651	\$37,651	\$128,104
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 21	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$9,413	\$47,064	
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 10, 17	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$28,238		
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 8, 10, 17	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$9,413		
FFY22 USDA BFPC Prog Mgmt	7WA700WA1	Amd 1, 17	10.557	333.10.55	01/01/22	09/30/24	10/01/21	09/30/24	\$43,389	\$43,389	
FFY25 USDA WIC Client Svs Contracts	NGA Not Received	Amd 21	10.557	333.10.55	10/01/24	12/31/24	10/01/24	09/30/25	\$1,860	\$28,128	\$407,314
FFY25 USDA WIC Client Svs Contracts	NGA Not Received	Amd 17	10.557	333.10.55	10/01/24	12/31/24	10/01/24	09/30/25	\$26,268		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 21	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$4,718	\$160,472	
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 23	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$743		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 18	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$48,183		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 17	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$79,090		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$2,500		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 10, 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$25,238		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 15	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$11,657	\$132,338	
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 12	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$21,218		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 10	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$75,713		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 7	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$23,750		
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$5,600	\$86,376	
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 5	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$6,726		
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$74,050		
FFY23 USDA WIC Prog Mgmt CSS	7WA700WA7	Amd 10	10.557	333.10.55	01/01/23	09/30/23	10/01/22	09/30/23	\$2,800	\$2,800	\$2,800
FFY24 USDA FMNP Prog Mgmt	7WA810WA7	Amd 19	10.572	333.10.57	05/01/24	09/30/24	10/01/23	09/30/24	\$496	\$496	\$1,508
FFY23 USDA FMNP Prog Mgmt	7WA810WA7	Amd 15	10.572	333.10.57	06/01/23	09/30/23	10/01/22	09/30/23	\$496	\$496	
FFY22 USDA FMNP Prog Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	05/01/22	09/30/22	10/01/21	09/30/22	\$516	\$516	
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 19	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	(\$37,439)	\$9,301	\$9,301
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 15, 19	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	\$46,740		
LHJ COVID-19 Gap Supplemental	SLFRP0002	Amd 13	21.027	333.21.02	01/01/23	06/30/23	01/01/23	06/30/23	\$35,651	\$35,651	\$35,651
PS SSI 1-5 OSS Task 4	01J18001	Amd 15	66.123	333.66.12	01/01/22	11/30/23	07/01/17	08/31/28	\$30,000	\$263,844	\$263,844
PS SSI 1-5 OSS Task 4	01J18001	Amd 7, 15	66.123	333.66.12	01/01/22	11/30/23	07/01/17	08/31/28	(\$1,654)		
PS SSI 1-5 OSS Task 4	01J18001	Amd 2, 5, 15	66.123	333.66.12	01/01/22	11/30/23	07/01/17	08/31/28	\$235,498		

EXHIBIT B-21
ALLOCATIONS

Contract Term: 2022-2024

Page 3 of 55
Contract Number: CLH31013

Date: August 1, 2024

Indirect Rate January 1, 2022 through December 31, 2022: 29.23% Public Health
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FFY24 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 18	66 472	333.66 47	03/01/24	09/30/24	01/01/24	11/30/24	\$15,000	\$15,000	\$45,000
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66 472	333.66 47	03/01/23	10/31/23	03/01/23	10/31/23	\$15,000	\$15,000	
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66 472	333.66 47	03/01/22	10/31/22	01/01/22	11/30/22	\$15,000	\$15,000	
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 21	93 069	333.93 06	07/01/24	12/31/24	07/01/24	06/30/25	\$20,630	\$20,630	\$20,630
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 15	93 069	333.93 06	07/01/23	06/30/24	07/01/23	06/30/24	\$34,384	\$34,384	\$82,522
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93 069	333.93 06	07/01/22	06/30/23	07/01/22	06/30/23	\$34,384	\$34,384	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93 069	333.93 06	01/01/22	06/30/22	07/01/21	06/30/22	\$13,754	\$13,754	
FFY23 OD2A OI2 CDC	NU17CE010218	Amd 17	93 136	333.93 13	01/01/24	08/31/24	09/01/23	08/31/24	\$98,000	\$98,000	\$98,000
FFY22 Title X Dire Needs	FPHPA006495	Amd 2	93 217	333.93 21	01/14/22	03/31/22	01/14/22	03/31/22	\$4,066	\$4,066	\$4,066
FFY24 FPHPA Title X Family Plan	FPHPA006560	Amd 24	93 217	333.93 21	04/01/24	12/31/24	04/01/24	03/31/25	\$13,747	\$31,480	\$31,480
FFY24 FPHPA Title X Family Plan	FPHPA006560	Amd 19	93 217	333.93 21	04/01/24	12/31/24	04/01/24	03/31/25	\$17,733	\$17,733	
FFY23 Title X Family Planning	FPHPA006560	Amd 14	93 217	333.93 21	04/01/23	03/31/24	04/01/23	03/31/24	\$30,822	\$30,822	\$57,959
FFY22 Title X Family Planning	FPHPA006560	Amd 5	93 217	333.93 21	04/01/22	03/31/23	04/01/22	03/31/23	\$27,137	\$27,137	
COVID19 Vaccines	NH23IP922619	Amd 4	93 268	333.93 26	01/01/22	06/30/24	07/01/20	06/30/24	\$278,114	\$278,114	\$278,114
COVID19 Vaccines R4	NH23IP922619	Amd 21	93 268	333.93 26	07/01/24	12/31/24	07/01/20	12/31/24	\$10,966	\$10,966	\$720,572
COVID19 Vaccines R4	NH23IP922619	Amd 4	93 268	333.93 26	01/01/22	06/30/24	07/01/20	06/30/24	\$354,803	\$709,606	
COVID19 Vaccines R4	NH23IP922619	Amd 1	93 268	333.93 26	01/01/22	06/30/24	07/01/20	06/30/24	\$354,803	\$354,803	
FFY25 CDC VFC Ops	NGA Not Received	Amd 21	93 268	333.93 26	07/01/24	12/31/24	07/01/24	06/30/25	\$5,600	\$5,600	\$11,760
FFY24 CDC VFC Ops	NH23IP922619	Amd 15	93 268	333.93 26	07/01/23	06/30/24	07/01/23	06/30/24	\$560	\$6,160	
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93 268	333.93 26	07/01/23	06/30/24	07/01/23	06/30/24	\$5,600	\$5,600	
FFY23 VFC Ops	NH23IP922619	Amd 5	93 268	333.93 26	07/01/22	06/30/23	07/01/22	06/30/23	\$5,600	\$5,600	\$11,200
FFY22 VFC Ops	NH23IP922619	Amd 3	93 268	333.93 26	01/01/22	06/30/22	07/01/21	06/30/22	\$5,600	\$5,600	
FFY19 COVID CARES	NU50CK000515	Amd 2	93 323	333.93 32	01/01/22	04/22/22	04/23/20	07/31/24	\$14,664	\$14,664	\$14,664
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 7	93 323	333.93 32	01/01/22	10/18/22	05/19/20	10/18/22	(\$2,281)	\$1,737	\$1,737
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 4	93 323	333.93 32	01/01/22	10/18/22	05/19/20	10/18/22	(\$78,694)		
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93 323	333.93 32	01/01/22	10/18/22	05/19/20	10/18/22	\$82,712		

EXHIBIT B-21
ALLOCATIONS
Contract Term: 2022-2024Page 4 of 55
Contract Number: CLH31013
Date: August 1, 2024Indirect Rate January 1, 2022 through December 31, 2022: 29.23% Public Health
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FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 21	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	\$15,580	\$357,402	\$357,402
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 9, 21	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	(\$6,375)		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9, 21	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	(\$90,842)		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 21	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	\$439,039		
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 16, 20	93.354	333.93.35	07/01/23	12/31/24	07/01/23	06/30/25	\$200,000	\$200,000	\$200,000
FFY22 NEHA Climate & Health Grant	NU38OT000300	Amd 9	93.421	333.93.42	04/11/22	12/31/22	04/01/22	12/31/22	\$11,000	\$22,000	\$22,000
FFY22 NEHA Climate & Health Grant	NU38OT000300	Amd 5	93.421	333.93.42	04/11/22	12/31/22	04/01/22	12/31/22	\$11,000		
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 17	93.967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000	\$200,000
FFY25 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 21	93.994	333.93.99	10/01/24	12/31/24	10/01/24	09/30/25	\$9,175	\$9,175	\$65,741
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 15	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$36,700	\$36,700	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 15	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$16,834)	\$19,866	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$36,700		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 15	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$16,834	\$16,834	\$16,834
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$27,525	\$27,525	\$27,525
SFY25 SBHC Proviso		Amd 19	N/A	334.04.90	07/01/24	12/31/24	07/01/24	06/30/25	\$29,000	\$91,000	\$246,000
SFY25 SBHC Proviso		Amd 14	N/A	334.04.90	07/01/24	12/31/24	07/01/24	06/30/25	\$62,000		
SFY24 SBHC Proviso		Amd 19	N/A	334.04.90	07/01/23	06/30/24	07/01/23	06/30/24	\$10,000	\$155,000	
SFY24 SBHC Proviso		Amd 16	N/A	334.04.90	07/01/23	06/30/24	07/01/23	06/30/24	\$35,000		
SFY24 SBHC Proviso		Amd 14	N/A	334.04.90	07/01/23	06/30/24	07/01/23	06/30/24	\$110,000		
SFY23 School Based Health Centers		Amd 5	N/A	334.04.90	07/01/22	06/30/23	07/01/22	06/30/23	\$150,000	\$150,000	\$150,000
SFY25 Sexual & Rep Hlth Cost Share		Amd 20	N/A	334.04.91	07/01/24	12/31/24	07/01/24	06/30/25	\$48,323	\$48,323	\$260,084
SFY24 Sexual & Rep Hlth Cost Share		Amd 18	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$1,800	\$87,652	
SFY24 Sexual & Rep Hlth Cost Share		Amd 17	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$42,926		
SFY24 Sexual & Rep Hlth Cost Share		Amd 15, 17	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$42,926		
SFY23 Sexual & Rep Hlth Cost Share		Amd 10	N/A	334.04.91	07/01/22	06/30/23	07/01/22	06/30/23	\$40,357	\$80,009	
SFY23 Sexual & Rep Hlth Cost Share		Amd 7, 10	N/A	334.04.91	07/01/22	06/30/23	07/01/22	06/30/23	\$39,652		
SFY22 Sexual & Rep Hlth Cost Share		Amd 5	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$5,880	\$44,100	
SFY22 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$38,220		

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SFY25 Drug User Health Program		Amd 17	N/A	334.04.91	07/01/24	12/31/24	07/01/24	06/30/25	\$40,250	\$40,250	\$88,000
SFY24 Drug User Health Program		Amd 17	N/A	334.04.91	01/01/24	06/30/24	07/01/23	06/30/24	\$40,250	\$40,250	
SFY24 Drug User Health Program		Amd 14	N/A	334.04.91	07/01/23	12/31/23	07/01/23	06/30/24	\$7,500	\$7,500	
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$15,000	\$22,500
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$7,500	\$7,500	
LHJ COVID-19 GFS		Amd 19	N/A	334.04.92	07/01/23	06/30/24	07/01/23	06/30/24	\$37,439	\$37,439	\$37,439
Rec Shellfish/Biotoxin		Amd 20	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$3,000	\$14,100	\$31,600
Rec Shellfish/Biotoxin		Amd 14	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$11,100		
Rec Shellfish/Biotoxin		Amd 9	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$7,000	\$17,500	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$10,500		
Small Onsite Management (ALEA)		Amd 14	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$33,333	\$33,333	\$104,166
Small Onsite Management (ALEA)		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$33,333	\$33,333	
Small Onsite Management (ALEA)		Amd 12	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$9,375	\$24,375	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000		
Small Onsite Management (ALEA)		Amd 12	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	(\$9,375)	\$13,125	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500		
Small Onsite Management (GFS)		Amd 16	N/A	334.04.93	07/01/24	12/31/24	07/01/23	07/01/25	(\$31,970)	\$0	\$0
Small Onsite Management (GFS)		Amd 14	N/A	334.04.93	07/01/24	12/31/24	07/01/23	07/01/25	\$31,970		
SFY25 Wastewater Management-GFS		Amd 16	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$31,970	\$31,970	\$61,970
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	
SFY23 FPHS-LHJ-GFS		Amd 6, 9	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,433,000	\$1,433,000	\$1,433,000
SFY25 FPHS-LHJ Funds-GFS		Amd 21	N/A	336.04.25	07/01/24	12/31/24	07/01/24	06/30/25	\$1,166,500	\$2,333,000	\$4,666,000
SFY25 FPHS-LHJ Funds-GFS		Amd 20	N/A	336.04.25	07/01/24	12/31/24	07/01/24	06/30/25	\$1,166,500		
SFY24 FPHS-LHJ-Funds-GFS		Amd 15	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/24	\$900,000	\$2,333,000	
SFY24 FPHS-LHJ-Funds-GFS		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/24	\$1,433,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$550,000)	\$0	\$445,181
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$550,000		

EXHIBIT B-21
 ALLOCATIONS
 Contract Term: 2022-2024

Jefferson County Public Health

Indirect Rate January 1, 2022 through December 31, 2022: 29.23% Public Health
 Indirect Rate January 1, 2023 through December 31, 2023: 35.85% Public Health
 Indirect Rate January 1, 2024 through December 31, 2024: 27.94% Public Health

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FPHS-LJU-Proviso (YR1)		Amd 10	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$32,681	\$445,181	
FPHS-LJU-Proviso (YR1)		Amd 4	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	(\$137,500)		
FPHS-LJU-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$550,000		
YR 26 SRF - Local Asst (15%) SS		Amd 16	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$1,800	\$1,800	\$5,400
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$2,200	\$2,200	
YR 24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,400	\$1,400	
Sanitary Survey Fees SS-State		Amd 16	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$1,800	\$5,400	\$5,400
Sanitary Survey Fees SS-State		Amd 11, 16	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$2,200		
Sanitary Survey Fees SS-State		Amd 1, 11, 16	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$1,400		
YR 26 SRF - Local Asst (15%) TA		Amd 19	N/A	346.26.66	01/01/24	12/31/24	07/01/23	06/30/25	\$1,000	\$1,000	\$2,000
YR 25 SRF - Local Asst (15%) TA		Amd 19	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	(\$1,000)	\$0	
YR 25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$1,000		
YR 24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	
TOTAL									\$10,674,468	\$10,674,468	
Total consideration:											\$10,674,468
GRAND TOTAL											\$10,674,468

*Catalog of Federal Domestic Assistance
 **Federal revenue codes begin with "333". State revenue codes begin with "334".

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: DCHS - ELC COVID-19 Response -
Effective January 1, 2022

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

SOW Type: Revision **Revision # (for this SOW)** 4

Period of Performance: January 1, 2022 through December 31, 2024

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19.

Revision Purpose: Extend Period of Performance and ELC EDE LHJ Funding End Date from 07/31/23 to 12/31/24, adjust allocation, and update MI code.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY19 ELC COVID ED ALLOCATION	1897129G	93.323	333.93.32	01/01/22 10/18/22	1,737	0	1,737
FFY20 ELC EDE LHJ ALLOCATION	1897140E	93.323	333.93.32	01/01/22 12/31/24	341,822	15,580	357,402
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					343,559	15,580	359,139

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.			
	Examples of key activities include: • Incident management for the response • Testing • Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management • Data reporting			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.				
DCHS COVID-19 Response				
1	Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified.	Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed: \$1,737 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022
	1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH. a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a. i. Contact tracing 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.)	Data collected and reported into DOH systems daily. Enter all contact tracing data in CREST following guidance from-DOH.	Enter performance metrics daily into DOH identified systems Quarterly performance reporting updates	\$357,402 344,822 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 18971420E) Funding end date 12/31/2024 7/31/2023

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe. e. Support Infection Prevention and control for high-risk populations i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.	Ensure all COVID positive test results are entered into WDRS within 2 days of receipt Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis). v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations. vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings. f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc. g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19. h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine). i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal	Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.	Report census numbers to include historic total by month and monthly total for current quarter to date		

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

All work will be performed in accordance with the revised and approved project plans to be submitted to DOH.

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)

CDC Funding Regulations and Policies

<https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

Monitoring Visits (frequency, type)

The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the subawardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project

Special Billing Requirements

Payment: Upon approval of deliverables and receipt of an invoice voucher, DOH will reimburse for actual allowable costs incurred. Billings for services on a monthly fraction of the budget will not be accepted or approved.

Submission of Invoice Vouchers: The LHJ shall submit correct monthly A19-1A invoice vouchers for amounts billable under this statement of work to DOH by the 25th of the following month or on a frequency no less often than quarterly.

Other: Required activities, deliverables, and funding is for the entire project period: January 2021 through specified date above. Unspent funds and tasks not completed by December 31, 2021, were reauthorized for work in this new consolidated contract term beginning January 1, 2022. It is the LHJ's responsibility to assure that the unspent funding amount carried forward to this statement of work does not exceed the remaining available balance from the 2018-2021 contract.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2024

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

SOW Type: Revision **Revision # (for this SOW)** 1

Period of Performance: July 1, 2024 through December 31, 2024

Funding Source ☐ Federal <Select One> ☒ State ☐ Other	Federal Compliance (check if applicable) ☐ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☐ Reimbursement ☒ Periodic Distribution
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Statement of Work Purpose: Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

Revision Purpose: The purpose of this revision is to add the entire SFY25 allocation.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY25 FPHS-LHJ FUNDS-GFS	99210850	N/A	336.04.25	07/01/24 12/31/24	1,166,500	1,166,500	2,333,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					1,166,500	1,166,500	2,333,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in <u>Program Specific Requirements – Activity Special Instructions for details</u>	See below in <u>Program Specific Requirements – Deliverables</u>	See below in <u>Program Specific Requirements – Deliverables</u>	\$260,000 \$570,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions for details</u>	See below in <u>Program Specific Requirements – Deliverables</u>	See below in <u>Program Specific Requirements – Deliverables</u>	\$30,000 \$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions for details</u>	See below in <u>Program Specific Requirements – Deliverables</u>	See below in <u>Program Specific Requirements – Deliverables</u>	\$15,000 \$30,000
4	Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions for details</u>	See below in <u>Program Specific Requirements – Deliverables</u>	See below in <u>Program Specific Requirements – Deliverables</u>	\$176,500 \$553,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	CD - NEW SFY 24 Immunization Outreach, Education & Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$37,500 \$75,000
6	EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000 \$150,000
7	FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$31,000 \$62,000
8	FC - NEW SFY 24 Public Health Communications – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$400,000 \$200,000
9	Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000 \$150,000
10	EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$89,000 \$178,000
11	Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000 \$150,000
12	EPH - NEW SFY 24 Social Work Support – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$42,500 \$85,000
13	EPH Core Team – Safe and Healthy Communities – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$23,500 \$47,000
14	EPH Core Team – Climate Change Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$40,000 \$80,000
15	EPH Core Team – Water System Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$37,500 \$75,000
16	EPH Core Team – System-Wide Data Management Improvement – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$31,500 \$63,000
17	EPH Core Team – Homelessness Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$27,500 \$55,000

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FPHS staff from DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will coordinate and communicate together to build and assure common systemwide approaches per FPHS Steering Committee direction and the FPHS framework intent.

- For LHJ questions about the use of funds:
 - Chris Goodwin, FPHS Policy Advisor, WSALPHO — cgoodwin@wsac.org, 564-200-3166
 - Brianna Steere, FPHS Policy Advisor, WSALPHO — bsteere@wsac.org, 564-200-3171

The intent of FPHS funding is outlined in RCW 43.70.512.

Foundational Public Health Services Definitions and related information can be found here: www.doh.wa.gov/fphs.

Stable funding and an iterative decision-making process — The FPHS Steering Committee's roles and responsibilities are outlined in the FPHS Committee & Workgroup Charter. The Steering Committee is the decision making body for FPHS and operates under a consensus-based decision making model, outlined here. The Steering Committee use an iterative approach to decision making meaning additional tasks and/or funds may be added to a local health jurisdiction's (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

Spending of FPHS funds — FPHS funds do not require pre-approval or pre-authorization to spend. FPHS funds are to assure FPHS services are available in each jurisdiction based on the FPHS Definitions (link) and as reflected in the SOW. Assurance includes providing FPHS as part of your jurisdiction's program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff. **FPHS funds are eligible starting at the beginning of each state fiscal year (July 1) regardless of when funds are received by the LHJ, even if the expenditure occurred before the LHJ's contract was signed.**

These funds are not intended for fee-based services such as select environmental public health services. As state funding for FPHS increases, other funds sources (local revenue, grants, federal block grants) should be directed to the implementation of additional important services and local/state priorities as determined by each agency/jurisdiction.

Annual Allocations — The legislature appropriates FPHS funding on an annual basis and the FPHS Steering Committee allocates funds annually through the FPHS Concurrence Process for the State Fiscal Year (SFY): July - June.

The Legislature appropriates FPHS funding amounts for each fiscal year of the biennium. This means that funds must be spent within that fiscal year and cannot be carried forward. Any funds not spent by June 30th each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).

This Statement of Work is for the period of July 1, 2024-December 31, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

Disbursement of FPHS funds to LHJs — Unlike other ConCon grants, FPHS bill-back to DOH is NOT required. Half of the annual FPHS funds allocated by the Steering Committee to each LHJ are disbursed each July and January. The July payments to LHJs and access to FPHS allocation for all other parts of the governmental public health system occur upon completion of the FPHS Annual Assessment.

Deliverables — FPHS funds are to be used to assure FPHS services statewide. The FPHS accountability process measures how funds are spent, along with changes in system capacity through the FPHS Annual Assessment, system performance indicators, and other data. DOH, SBOH and local health jurisdictions have agreed to complete:

1. Reporting of spending and spending projections. Process timelines and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.
2. FPHS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff. System results are published in the annual FPHS Investment Report available at www.doh.wa.gov/fphs.

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference.

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data& Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

Special References (i.e., RCW's, WACs, etc.):

FPHS Intent - RCW 43.70.512

FPHS Funding – RCW 43.70.515

FPHS Committee & Workgroup Charter

FPHS Steering Committee Consensus Decision Making Model

Exhibit A, Statement of Work

Page 4 of 7

Contract Number CLH31013-Amendment 21

Activity Special Instructions:**Investments to Each LHJ:****1. FPHS Funds to Each LHJ**

These funds are allocated to be used to provide any programs and services within all of the FPHS Definitions. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPHS to every community in Washington.

Use BARS expenditure codes from the list above that most closely align with expenditure made.

Targeted Investments to Each LHJ:**2. Assessment Reinforcing Capacity (FPHS definition G.2)**

Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

3. Assessment – CHA/CHIP (FPHS definitions G.3)

Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11

4. Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)

Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80

5. CD - NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)

Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27

6. EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)

These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53

7. FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)

Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 562.16

8. FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)

Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 562.13

9. Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)

Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80

10. EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)

Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

Targeted Investments to Select LHJs – Assuring FPHS Available for/in Multiple Jurisdictions:

11. Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1,2)

Increase assessment and epidemiology capacity via regional/shared epidemiologist model to meet locally identified needs. Use BARS expenditure codes: 562.10 or 11

Targeted Investments to Select LHJs – Assuring FPHS Available in Own Jurisdiction

12. EPH - NEW SFY 24 Social Work Support (FPHS definitions B.1-3, B.6-7, D.1, D.2, D.4, E.2, E.4, F.2-3, J.1-2, K.1-2, L.3, L.5)

This investment is intended to support non-traditional responses to environmental health complaints and challenges in the context of social work support and care coordination with social service providers. Activities include: assessment of complaints and challenges; identifying cases and circumstances for engaging in social work support and care coordination; and engagement with social service providers. Funds may be used to support these activities, as well as related staffing and training expenses. Use BARS expenditure codes: 562.14, 562.15, 562.40, 562.47, 562.48

EPH -- Core Teams (Applies to all EPH Core Team FPHS Investments) (FPHS definition B.1-7)

Each EPH Core Team investment is for LHJ staff to participate in a cross-jurisdictional topic-specific Core Team. The Core Teams are each tasked with developing one or more model program(s), intended to offer guidance for scalable environmental public health responses relating to their specific sub-topic area(s). Where it makes sense to do so, the Core Teams may also work on implementation of these model programs. The content and output of these model programs will vary depending on the needs and approaches specific to each sub-topic area.

Recipients of these Core Team FPHS funds are required to participate in the associated Core Team for each investment. Recipients may spend these funds towards staffing time necessary to participate and on FPHS-qualifying activities for the specific sub-topic area(s) attached to its associated investment. Each Core Team FPHS investment is distinctive from all other Core Team FPHS investments.

Core Teams exist outside the FPHS structure, in partnership between LHJs and WA DOH, with one co-lead from each. Model programs developed through Core Team work will be made available to all Washington public health agencies.

There are currently six EPH Core Teams. They are listed below, with their sub-topic area(s), as applicable.

- System-Wide Data Management Improvement
- Climate-Change Response
- Lead Exposure
- Water System Capacity
- Homelessness Response
- Safe & Healthy Communities

Jefferson is receiving funds to participate in these EPH Core Teams:

EPH -- Core Teams (Applies to all EPH Core Team FPHS Investments) (FPHS definition B.1-7)

Each EPH Core Team investment is for LHJ staff to participate in a cross-jurisdictional topic-specific Core Team. The Core Teams are each tasked with developing one or more model program(s), intended to offer guidance for scalable environmental public health responses relating to their specific sub-topic area(s). Where it makes sense to

Page 20 of 55

do so, the Core Teams may also work on implementation of these model programs. The content and output of these model programs will vary depending on the needs and approaches specific to each sub-topic area.

Recipients of these Core Team FPHS funds are required to participate in the associated Core Team for each investment. Recipients may spend these funds towards staffing time necessary to participate and on FPHS-qualifying activities for the specific sub-topic area(s) attached to its associated investment. Each Core Team FPHS investment is distinctive from all other Core Team FPHS investments.

Core Teams exist outside the FPHS structure, in partnership between LHJs and WA DOH, with one co-lead from each. Model programs developed through Core Team work will be made available to all Washington public health agencies.

There are currently six EPH Core Teams. They are listed below, with their sub-topic area(s), as applicable.

- System-Wide Data Management Improvement
- Climate-Change Response
- Lead Exposure
- Water System Capacity
- Homelessness Response
- Safe & Healthy Communities

Jefferson is receiving funds to participate in these EPH Core Teams:

13. **EPH Core Team – Safe & Healthy Communities**

This Core Team develops system capacity to advance EPH perspectives into planning processes such as State Environmental Policy Act (SEPA) work, Health Impact Assessments, Comprehensive Plans, and related environmental review opportunities. The Core Team will develop one or more model program(s) to provide scalable approaches to healthy community planning, which may include wastewater planning and treatment, seawater intrusion in drinking water, ventilation in public buildings, PFAS contamination, climate change challenges, and other emerging topics identified by the Core Team.

- Use BARS expenditure code: 562.40

14. **EPH Core Team – Climate-Change Response**

This Core Team will address environmental health concerns related to climate and the effects of climate change.

- Model program development will start with Wildfire Smoke and Harmful Algal Blooms, and may include other priorities and topics.

15. **EPH Core Team – Water System Capacity**

The goal of this Core Team is to increase LHJ capacity for water resource management and planning.

- Use BARS expenditure code: 562.43 or 53.

16. **EPH Core Team – System-Wide Data Management Improvement**

This Core Team will identify and employ a strategy for data sharing, storage and consistency across the state.

- Use BARS expenditure code: 562.40.

17. **EPH Core Team – Homelessness Response**

This Core Team will develop one or more model program(s) for a scalable response to homelessness-related public health concerns.

- Use BARS expenditure code: 562.40

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Maternal and Child Health Block Grant - Effective January 1, 2022

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

SOW Type: Revision **Revision # (for this SOW)** 3

Period of Performance: January 1, 2022 through December 31, 2024

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2024 to December 31, 2024, for continuation of MCHBG related activities, and update Program Specific Requirements.

NOTE: The FFY25 funding allocation in this SOW is for the period of October 1, 2024 through December 31, 2024. Deliverables with due dates after December 31, 2024 are shown for informational purposes only. A new SOW will begin in the next consolidated contract term on January 1, 2025 for continuation of this project through September 30, 2025. Any funds unspent from October 1, 2024 through December 31, 2024 will be added to the new SOW in an amendment in Spring 2025.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 MCHBG LHJ CONTRACTS	78101221	93,994	333.93.99	01/01/22 09/30/22	27,525	0	27,525
FFY23 HRSA MCHBG LHJ CONTRACTS	78101231	93,994	333.93.99	10/01/22 09/30/23	19,866	0	19,866
FFY22 HRSA MCHBG SPECIAL PROJECTS	7811022A	93,994	333.93.99	10/01/22 09/30/23	16,834	0	16,834
FFY24 HRSA MCHBG LHJ CONTRACTS	78101241	93,994	333.93.99	10/01/23 09/30/24	36,700	0	36,700
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93,994	333.93.99	10/01/24 12/31/24	0	9,175	9,175
					0	0	0
TOTALS					100,925	9,175	110,100

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1c	Participate in DOH sponsored MCHBG fall regional meeting.	Designated LHJ staff will attend regional meeting.	September 30, 2023	funds provided in this statement of work for the specified funding period.
1d	Report actual expenditures for October 1, 2021 through September 30, 2022.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 2, 2022	See Program Specific Requirements and Special Billing Requirements.
1e	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 9, 2022	
1f	Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 19, 2023	
1g	Report actual expenditures for October 1, 2022 through September 30, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 1, 2023	
1h	Develop 2023-2024 MCHBG Budget Workbook for October 1, 2023 through September 30, 2024 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 8, 2023	
1i	Report actual expenditures for the six-month period from October 1, 2023 through March 31, 2024.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 17, 2024	
1j	Report actual expenditures for October 1, 2023 through September 30, 2024.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 6, 2024	
1k	Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 16, 2025	
1l	Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 5, 2025	
1m	Participate in DOH sponsored MCHBG fall regional meeting.	LHJ Contract Lead or designee will attend regional meeting.	September 30, 2025	
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2c	Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.	Submit monthly Action Plan reports to DOH Contract manager.	July-Sept 2022 quarterly report due October 15, 2022 November 15, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
			December 15, 2022 January 15, 2023 February 15, 2023 March 15, 2023 April 15, 2023 May 15, 2023 June 15, 2023 July 15, 2023 August 15, 2023 September 15, 2023 Draft- August 18, 2023 Final- September 8, 2023	See Program Specific Requirements and Special Billing Requirements.
2d	Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.		
2e	Report activities and outcomes of 2023-24 MCHBG-funded work using DOH-provided reporting template.	Submit monthly reports to DOH contract manager.	September report due October 15, 2023 November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024	
2f	Develop 2024-2025 MCHBG reporting document for October 1, 2024 through September 30, 2025 using DOH-provided template.	Submit MCHBG reporting document to DOH contract manager.	Draft- August 16, 2024 Final- September 6, 2024	
2g	Support statewide roll-out of Universal Developmental Screening Strong Start system as requested by DOH.	Submit updates as part of monthly reporting document as requested by DOH.	September 30, 2024	
2h	Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.	Describe in your activities within each Domain of the monthly report how you are intentionally focused on equity in your work.	November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
2i	Report activities and outcomes of 2024-25 MCHBG-funded work using DOH-provided reporting template.	Submit monthly reports to DOH contract manager.	September 15, 2024 September report due October 15, 2024 November 15, 2024 December 15, 2024 January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025 Draft — August 15, 2025 Final — September 12, 2025	
2j	Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG reporting document to DOH contract manager.	September report due October 15, 2024 November 15, 2024 December 15, 2024 January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
2k	Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.	Describe in your updates within each activity of the monthly report how you are intentionally focused on equity in your work.		

Children and Youth with Special Health Care Needs (CYSHCN)

3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment	30 days after forms are completed.	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
		Fund requests directly to the CYSHCN Program as needed.		statement of work for the specified funding period.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	See Program Specific Requirements and Special Billing Requirements.
3d	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023	
3e	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
3f	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2023	
3g	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2023 January 15, 2024 April 15, 2024 July 15, 2024	
3h	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment.	30 days after forms are completed.	
3i	Review your program's entry on ParentHelp123.org annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with Within Reach / Help Me Grow.	September 30, 2024	
3j	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (tenabling service) is provided in a given quarter, email the CHIEF administrator at DOH-CHIEF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2024 January 15, 2025 April 15, 2025 July 15, 2025	
3k	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3l	Review your program's entry on ParentHelp123.org annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2025	
3m	Support improvements to the local system of care (public health services and systems policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	September report due October 15, 2024 November 15, 2024 December 15, 2024 January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
MCHBG Assessment and Evaluation				
4a	As part of the 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH, as requested.	Submit documentation using guidance provided by DOH.	September 30, 2024	Reimbursement for actual costs, not to exceed total funding consideration.
4b	Provide summary of outcomes of MCHBG-funded work completed from October 1, 2023 through September 30, 2024 using DOH-provided reporting template.	Submit documentation as requested by DOH.	December 31, 2024	Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
4c	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2025	See Program Specific Requirements and Special Billing Requirements.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements

All training costs and all travel expenses for such training (for example: per diem, hotel, registration fees) must be pre-approved, unless identified in pre-approved Budget Workbook. Submit a paragraph to your Community Consultant (contract manager) explaining why the training is **necessary** to implement a strategy in the approved work plan. Details should also include total cost of the training and a link to or brochure of the training. Retain a copy of the Community Consultant's approval in your records.

Program Manual, Handbook, Policy References:

Children and Youth with Special Health Care Needs Manual -
[Children and Youth with Special Health Care Needs Manual \(wa.gov\)](http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx)

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

Restrictions on Funds:

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used for services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].
2. Funds may not be used for:
 - a. Inpatient services, other than inpatient services for children with special health care needs or high-risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
 - b. Cash payments to intended recipients of health services.
 - c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
 - d. Meeting other federal matching funds requirements.
 - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
 - f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].
3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low-income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

Monitoring Visits: Telephone calls with DOH contract manager as needed.

Billing Requirements: Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted monthly by the 30th of each month following the month in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the "Total Consideration" will not be accepted or approved.

Special Instructions: Contact DOH contract manager for approval of expenses not reflected in approved budget workbook.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine -
 Effective July 1, 2024

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

SOW Type: Original **Revision # (for this SOW)**

Period of Performance: July 1, 2024 through December 31, 2024

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
COVID 19 VACCINES R4	74310259	93-268	333.93.26	07/01/24 12/31/24	0	10,966	10,966
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	10,966	10,966

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
The purpose of this statement of work is to identify activities and provide funding to support COVID vaccine response outreach, education, and operations. The activities may include other vaccines recommended for the audience population, as long as COVID vaccine is the primary focus and references to other vaccines are secondary.				
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached. Within the first 90 days of the contract, provide a budget for FY25 funding showing full expenditure of funds based on engagement strategies.	September 30, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services			
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.	Written report describing activity/activities and progress made to-date and strategies used (template to be provided) Forecast of expected spend down of remaining funds through remainder of contract (if extended past December 31, 2024) in DOH template provided).	November 1, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	Written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) or adjust vaccine delivery approaches to optimize access. Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	Reports summarizing quantity, type, and frequency of activities	December 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USA Spending.gov](#) by DOH as required by P.L. 109-282.

Exhibit A, Statement of Work

Program Specific Requirements

Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.

Unallowable Costs:

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g. plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase
- Vaccine Purchase

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2024

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

SOW Type: Original **Revision # (for this SOW)**

Period of Performance: July 1, 2024 through December 31, 2024

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates.

NOTE: Deliverables with due dates after December 31, 2024, are shown for informational purposes only and will be included in a new SOW in the next Consolidated Contract term starting January 1, 2025.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 CDC VFC Ops	74310251	93.268	333.93.26	07/01/24 12/31/24	0	5,600	5,600
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	5,600	5,600

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods Examples of qualitative & quantitative methods/measures: ▪ Surveys, Questionnaires, Interviews ▪ Immunization coverage rates expressed in percentages ▪ Observations (i.e., feedback from surveys/interviews, social media posts comments) ▪ Analytic tools (i.e., google analytics measuring website traffic, page views etc.)	Written proposal summarizing project plan and method of assessing/observing change in target population. (Template will be provided)	September 15, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Within the first 90 days of the contract provide a budget for FY25 funding.	Sumit completed Budget Template provided by Department of Health	September 30, 2024	
3	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	January 15, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	Within 6 months of the start of the contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remain funds.	January 15, 2025	
5	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: ▪ Increased partner knowledge on immunization guidelines ▪ Change in attitudes about childhood vaccines ▪ Increase in school district immunization coverage rates	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?]. (Template will be provided)	June 16, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Unallowable Costs:

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs

Exhibit A, Statement of Work

- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Resiliency & Health Security-PHEP -
Effective July 1, 2024

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

SOW Type: Original **Revision # (for this SOW)**

Period of Performance: July 1, 2024 through December 31, 2024

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks for LHJs to strengthen their capacity and capability around the Public Health Response Readiness Framework (CDC) to prepare for, respond to, and recover from public health threats and emergencies through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions as described in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Many LHJs support a position responsible for public health emergency preparedness and response. LHJs use different titles for these positions. DOH wants to be respectful of this diversity and refers to the people who fill these important roles as Public Health Emergency Response Coordinators (PHERCs).

Note: The current Consolidated Contract ends December 31, 2024. Once a new contract is in place, the program plans to submit a new statement of work for January 1 - June 30, 2025. Deliverable due dates after December 31, 2024 are referenced in this statement of work for informational purposes only and will be updated in the January - June 2025 statement of work.

This statement of work (ending 12/31/24) includes 60% of the total allocation of these funds. The January - June 2025 statement of work will reflect the remaining 40%. Once all invoices have been submitted and balances are reconciled for this statement of work (ending 12/31/24), any remaining funds will be added to a revised January - June 2025 statement of work.

Guidance Documents - LHJs are strongly encouraged to use the Guidance Documents listed in the Program Specific Requirements in the bottom section of this Statement of Work.

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 PHEP BP1 - CDC - LHJ PARTNERS	31602241	93.069	333.93.06	07/01/24 12/31/24	0	20,630	20,630
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	20,630	20,630

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1 Contact Information Framework 2 – Enhance Partnerships	Submit names, position titles, email addresses, and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit information by September 1, 2024, and any changes within 30 days of the change. Mid- and end-of-year reports on template provided by DOH. Note any changes or no changes.	September 1, 2024 Within 30 days of the change. December 31, 2024 June 30, 2025	Reimbursement for actual costs not to exceed total funding consideration amount.
2 LHJ Performance Measures Framework 6 – Modernize data collection and systems	Submit LHJ Performance Measure Data as requested on the form provided by DOH.	LHJ Performance Measure Data on the form provided by DOH.	June 30, 2025	
3 Additional Information Required by CDC Framework 4 – Improve administrative and budget preparedness systems	Submit additional information as requested by DOH to comply with federal grant requirements. Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including the mid-year and end-of-year reports.	Information requested by DOH.	As requested by DOH.	
4 Risk Assessment Framework 1 – Develop threat-specific approach Framework 3 – Expand local support Framework 8 – Incorporate health equity practices	Complete the public health disaster risk assessment developed by the University of Washington (UW) (available early February 2025) reflecting the needs of the whole LHJ. DOH and/or UW will provide the tool and technical assistance.	Public Health Disaster Risk Assessment	June 30, 2025	
5 Planning Framework 4 – Improve administrative and budget preparedness systems	Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners. Engage partners to incorporate health equity principles.	Multiyear integrated preparedness plan.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Framework 8 – Incorporate health equity practices	Including (but not limited to): • Administrative preparedness plans. • Recovery operations. • Incident response improvement plan data elements.			
6 Planning - IPPW	Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
Framework 2 – Enhance Partnerships	Complete the Integrated Preparedness Planning Workshop (IPPW) Workbook provided by DOH.	IPPW Workbook provided by DOH.		
Framework 5 – Build workforce capacity	Participate in the DOH Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for early 2025.	Participation in IPPW.		
Framework 10 – Prioritize community recovery efforts				
7 Communication & Planning	Develop or update crisis and emergency risk communication and information dissemination plans.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
Framework 7 – Strengthen risk communication activities				
8 Training	Complete training to ensure baseline competency and integration with preparedness requirements.	Mid- and end-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.	December 31, 2024 June 30, 2025	
Framework 5 – Build workforce capacity	Participate in at least one public health emergency preparedness, response, or recovery training.			
	Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.			
	Work with Public Health Emergency Response Coordinators (PHERCS) to review public health preparedness and response plans and identify gaps, priorities, and training needs.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Integrate administrative and budget preparedness recommendations into training. Recommended Training Public health preparedness and recovery staff, including exercise planning staff: • Incident Command System (ICS) 100: Introduction to ICS • ICS 700: An Introduction to the National Incident Management System (NIMS) • ICS 800: National Response Framework. An Introduction • IS-120.C: An Introduction to Exercise • IS-2900.A: National Disaster Recovery Framework (NDRE) Overview • Homeland Security Exercise and Evaluation Program • Preparation for Resource Providers Health Department supervisory positions: • ICS 200: Basic ICS for Initial Response • Independent Study (IS)-2200: Basic Emergency Operations Center Functions Staff with designated response roles: • ICS 300: Intermediate ICS for Expanding Incidents • Crisis and Emergency Risk Communication (CERC) Senior staff who support the management of large/complex responses (incidents across multiple locations or over a large area): • ICS 400: Advanced ICS Notes: Prior approval from DOH is required for any out-of-state travel paid for with PHEP funding.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
9 Exercising Framework 2 – Enhance Partnerships Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies	Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. Participate in at least one exercise by June 30, 2025. • Include critical response and recovery partners. • Engage partners to incorporate health equity principles. • Integrate administrative and budget preparedness recommendations. • Complete AAR/IP for the exercise by June 30th, 2025. Note: This may include developing and conducting exercises or participating in exercises developed and conducted by another organization, such as other LHJs.	Mid- and end-of-year reports on template provided by DOH. Improvement Plans available upon request.	December 31, 2024 June 30, 2025	
10 Communication & Exercising Framework 7 – Strengthen risk communication activities	Identify and implement communication monitoring media relations, and digital communication strategies in exercises. Include communications and/or Public Information Officer in exercises or real world event to identify and implement communication monitoring, media relations, and digital communication. This may include one or more exercises by June 30, 2025.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
11 MCM – Non-CRI LHJs Framework 1 – Develop threat-specific approach Framework 10 – Prioritize community recovery efforts	Note: This activity applies to non-CRI LHJs only. Maintain ability to procure, store, manage, and distribute medical materiel. Maintain ability to dispense and administer medical countermeasures (MCM).	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Attend an MCM quarterly meeting for the non-CRI LHJs. Continue to show capabilities by submitting updated MCM plans as needed.			
12 DOH Duty Officer Framework 7 – Strengthen risk communications activities	Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalet@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures. Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
13 WASECURES Framework 7 – Strengthen risk communication activities	Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as the primary notification system. Participate in DOH-led notification drills. Conduct at least one LHJ drill using the LHJ-preferred staff notification system. Notes: - Registered users must log in (or respond to an alert) quarterly at a minimum. - DOH will provide technical assistance to LHJs on using WASECURES. - LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
14 Communication & Communities of Focus Framework 10 – Prioritize community recovery efforts	Identify and implement specific crisis and emergency risk communication activities that meet the diverse needs of local community based organizations that support people who may be disproportionately impacted by the public health impacts of a disaster.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
15 Healthcare Coalition (HCC) Participation Framework 3 – Expand local support	DOH will work with LHJs to serve the needs of the socially vulnerable community members in their jurisdictions with a focus on public health equity.			
	During each reporting period (Jul – Dec and Jan-Jun), participate in two or more of the following activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): • Meetings • Communication • Planning • Training • Exercises	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Special Requirements:

Guidance Documents - LHJs are strongly encouraged to use the following documents to inform their implementation of activities in this statement of work:
Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery. DOH will provide a copy.

Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities -- Defines Excellence in Response Operations
[Implementing Public Health Response Readiness Framework](#) | [State and Local Readiness](#) | [CDC](#)

Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health
[Public Health Emergency Preparedness and Response Capabilities](#) | [State and Local Readiness](#) | [CDC](#)

2024 PHEP Cooperative Agreement Guidance Budget Period 1
[2024-2028 PHEP Cooperative Agreement Guidance/Budget Period 1](#) | [State and Local Readiness](#) | [CDC](#)

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200
 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
CFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing food or beverages (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).
- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

See also *DOH A19 Documentation Matrix* for additional expenses that may require preapproval.

Billing:

All expenses on invoices must be related to statement of work tasks.

Submit invoices monthly on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Fiscal Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Sexual & Reproductive Health Program -
Effective January 1, 2022

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

SOW Type: Revision **Revision # (for this SOW)** 11

Period of Performance: January 1, 2022 through December 31, 2024

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide sexual and reproductive health services (SRH) to Washington State residents. These services will comply with all state, federal, and DOH SRHP Manual requirements. It highlights specific requirements, but all must be complied with. Budgets are based on an approved allocation formula with funds available.

This Statement of Work spans Years 1-3 of the contract, which runs January 1, 2022 – March 31, 2025.

For state funding, due dates after December 31, 2024 are for reporting only. LHJs may not bill state funds under this contract for work done after December 31, 2024.

For federal funding, due dates after December 31, 2024 are for reporting only. LHJs may not bill federal funds under this contract for work done after December 31, 2024.

Revision Purpose: The purpose of this revision is to add \$13,747 to FFY24 FPHPA Title X Family Plan Funds for the period of 04/01/2024 - 12/31/2024.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY22 Sexual & Rep Hlth Cost Share	78430120	N/A	334.04.91	01/01/22 06/30/22	44,100	0	44,100
FFY22 Title X Dire Needs	78430222	93.217	333.93.21	01/14/22 03/31/22	4,066	0	4,066
FFY22 Title X Family Planning	78430225	93.217	333.93.21	04/01/22 03/31/23	27,137	0	27,137
SFY23 Sexual & Rep Hlth Cost Share	78430130	N/A	334.04.91	07/01/22 06/30/23	80,009	0	80,009
FFY23 Title X Family Planning	78430241	93.217	333.93.21	04/01/23 03/31/24	30,822	0	30,822
SFY24 Sexual & Rep Hlth Cost Share	78430140	N/A	334.04.91	07/01/23 06/30/24	87,652	0	87,652
FFY24 FPHPA Title X Family Plan	78430240	93.217	333.93.21	04/01/24 12/31/24	17,733	13,747	31,480
SFY25 Sexual & Rep Hlth Cost Share	78430150	N/A	334.04.91	07/01/24 12/31/24	48,323	0	48,323
					0	0	0
					0	0	0
					0	0	0
TOTALS					339,842	13,747	353,589

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Sexual and Reproductive Health Program (SRHP) & Title X (TX) Services—excluding abortion and other surgical procedures related to SRHP. A. Comply with Washington State SRHP Manual, federal Title X requirements and all state and federal laws. Also see Program Manual, Handbook, Policy References under Reporting Requirements below. B. Complete required Agency Information Request including Title X Assurance of Compliance and National Provider Identifier (NPI) billing numbers. C. Provide medical services, community education and outreach, and staff training, consistent with state requirements: 1. LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW. 2. Medical, laboratory, and other services related to abortion are not covered by this task. 3. Community education services must be based on the needs of the community. LHJ must have an Information & Education (I&E) committee with five (5) or more members that is broadly representative of the population or community for which materials are intended. The committee must review a batch of patient-facing materials annually (at least 15 products or 15% of your total number of materials, whichever is smaller); meet at least annually and establish a written record of its determination. (42 CFR 59 [59.6]) 4. Outreach is to ensure all populations in your community understands the services available. Focus your outreach efforts on increasing equity.	• A19 invoice vouchers submitted in a timely manner accompanied by an R&E workbook showing revenue and expenses for the month billed and any other required back up documentation per DOH policy. • All reports described in Reporting Requirements table below. • Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.) • To facilitate DOH/TX desk reviews—requested documentation available to DOH in requested format. • To facilitate DOH/TX site-visits—appropriate staff and documentation readily available prior to and during review. • Site review directed by DOH SRHP. Follow-up site visits as needed until identified issues are resolved. • Submit documentation to DOH SRHP as requested for a desk review prior to site visit. • Appropriate staff and documentation readily available to DOH SRHP prior to and during site visit.	No more than monthly and no less than quarterly. As described in Reporting Requirements table below. As requested by DOH As requested by DOH	Billing must be based on a current cost analysis approved by DOH (see Reporting Requirements table). DOH reserves the right to withhold payment until: • Compliance issues or a previous invoice are resolved in a way accepted by DOH • Current data is submitted to, and accepted by, Ahlers. • A19 back up documentation required by DOH has been submitted and approved. • Other deliverables have been met. Payment is limited to the maximum funds available for funding source. DOH will reimburse for: • Actual allowable costs according to your approved cost analysis (see Reporting Requirements table). or • The amount remaining in the

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Washington State Sexual and Reproductive Health Network priority populations are: • Teens • People who are uninsured or underinsured, and/or low-income (at or below 250% of the federal poverty line) • Rural communities • Hispanic • Black, Indigenous, People of Color Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories. Provide all services in accordance with: • DOH SRHP & Title X Manual • Other state and federal requirements • Reporting Requirements (see below) D. Collect, maintain, and provide data about each family planning clinic visit as defined in the SRH CVR Manual. 1. Maintain a computer system that includes safety precautions against loss of information. 2. Ensure data entry personnel protect confidentiality of CVR data. 3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee. E. Notify DOH contract manager of all: • Key staff and organizational changes. • Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SRHP/Title X funding. • Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site. • Any other change that might affect LHJ's ability to provide the sexual and	CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software. • Data for each month • Corrected CVR data Email briefly describing change.	The 15th of the following month. Within thirty (30) days of receiving error/rejection report or request from DOH Sexual and Reproductive Health data manager. As needed to keep information current.	R&E divided by the number of months remaining in the funding source, plus one, whichever is less. Payment will be calculated by R&E provided by DOH (see Reporting Requirements table). All services must be billed within 60 days of the budget period, with the exception of the December billing that is due within 45 days to meet federal reporting requirements.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	reproductive services described in this SOW.			
Reporting Requirements				
1.	Agency Information Request DOH SRHP requires updated information from all members of the SRHP Network to ensure accurate records of LHJ's organization and the services it provides. In addition, elements of this report allow DOH to ensure that SRHP & Title X requirements including client fees and required services are met. The updated information also assists DOH to manage this SOW and the Sexual & Reproductive Health Network as a whole.	This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by April 30th during each year of this contract. Requested information will include: Information about your agency contacts and your organization's staffing A. Head of Organization B. Head of Finance C. Medical Director D. NPI numbers used to bill Medicaid E. The following (one person might fill more than one role) - Contract Coordinator - Clinical representative - Billing contact - Outreach and education contact - Contact for CVR data - Contact for EHR information Information regarding sexual and reproductive health related services offered at each clinic site: A. Cost analysis: How LHJ determines what it costs to provide services. LHJ uses this to help construct its fee schedule. A cost analysis must be performed by LHJ within three years prior to the start date of this SOW. If contractor cost analysis was approved by DOH at the beginning of the contract period, LHJ does not have to resubmit unless changes are made. LHJ must email DOH contract manager informing them that no changes were made. B. Sliding fee schedule that includes all services required in the SRH Manual. Additional SRH-related services as outlined in Task 1 may also be included on LHJ's sliding fee schedule. - Sliding fee schedule must be based on cost analysis described above.	April 30th during each year of this contract. AND As needed or requested to maintain accuracy of information.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		b. Fee schedule must be resubmitted for reapproval anytime there are any significant changes, which may include changing of services, fees, etc. c. LHJ must not implement a revised fee schedule until it has been approved in writing by DOH. d. Income conversion tables must be updated annually and approved by DOH Information related to current Community Outreach Plan: LHJ's community outreach plan follows a 5-year cycle. This process must include the following steps: A. Utilize the state level priority populations, county level demographic data, and agency profile to identify unmet need in the community served. B. Determine objectives and activities to expand sexual and reproductive health to reach populations in need of services in the community served. C. Measure completion of the objectives and activities. This information must be reported using the template or format provided by DOH. It will include information about contractor's work during current and past SOWs: A. Community education and outreach strategies and activities and a discussion of their effectiveness. B. Staff training. Organization-level data on clinical services emailed to DOH SRH data manager Number of: A. Pap tests with an ASC or higher result B. Pap tests with an HSIL or higher result C. HIV Positive confidential tests D. HIV Anonymous tests E. FTE required to provide sexual and reproductive health services: - Physicians - Physician assistants + nurse practitioners + certified nurse midwives - Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment.	each year of the contract.	
	2. Progress Updates Summary of ongoing activities related to the SRH Program. It informs quality improvement of the Washington State SRH Network.	This information must be reported using the template or format provided by DOH. It will include information about contractor's work during current and past SOWs: A. Community education and outreach strategies and activities and a discussion of their effectiveness. B. Staff training.	During quarterly check ins and as requested by DOH	
	3. Family Planning Annual Report (FPAR) Information DOH is requesting to develop trend data. All information is for the calendar year (January through December). The subsequent agreements sent to the agency will request that these data be collected and reported on within the statement of work period of performance.	Organization-level data on clinical services emailed to DOH SRH data manager Number of: A. Pap tests with an ASC or higher result B. Pap tests with an HSIL or higher result C. HIV Positive confidential tests D. HIV Anonymous tests E. FTE required to provide sexual and reproductive health services: - Physicians - Physician assistants + nurse practitioners + certified nurse midwives - Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment.	Data to be collected annually through the end of the grant (2027).	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		Financial data emailed to DOH Contract Manager R&E showing Other Revenue through the end of the grant as described below. Subsequent agreements will request that data be collected and reported on during the appropriate contract period of performance. (FPAR due 01-31 annually through 2027)		
4.	Clinic Visit Reports (CVRs)	Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf. CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software. - Each month's CVR data - Corrected CVR data Data elements will be changed in 2024. CVRs submitted start 01-01-24 must be done so based on the new reporting requirements.	The 15 th of the following month. Within thirty (30) days of receiving error or rejection report or request from DOH SRH data manager.	
5.	Revenue and Expense Reports (R&E)	Completed R&E for time period that shows all revenue (including program income) that support Task 1 SRH Services and all expenses related to providing those services. R&E workbook will be provided by DOH. A. Expenses must match General Ledger. B. Other revenue/program income must reflect revenue actually received in the reporting month. All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses.	Submitted with each invoice (A19). No more than monthly and no less than quarterly. R&E showing all sources of revenue that support services must be billed within 45 days of the budget period. December billings must be submitted by February 10th.	

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint site](#). Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements

Program Manual, Handbook, Policy References:

LHJ must comply with all state, federal, DOH SRHP, and Title X requirements, policies, and regulations and with their DOH approved Agency Information Dashboard. Reference documents include:

- DOH SRHP Manual (DOH publication 930-122, available at 930-122-FPRHManualComplete.pdf (wa.gov) Some provisions of this manual are highlighted in this SOW, but all provisions of the manual must be complied with.
- Clinic Visit Record Manual (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf>)
- LHJ's approved Agency Information Request.

Billing Requirements:

See Payment column of Tasks and Deliverables table and R&E report description in Reporting Requirements table

Special Instructions:

Accessibility of Services

- Clients must not be denied services or subjected to variation in quality of services because of inability to pay.
- LHJ must make sure their communities are informed of the services available.
- LHJ must make sure that all services provided are accessible to priority populations.
 - Facilities must be geographically accessible to the populations served.
 - As much as possible, services will be available at times convenient to those seeking services.
 - Clinics must comply with the Americans with Disabilities Act.
 - Facilities must meet applicable standards established by the Federal, State, and local governments, including local fire, building, and licensing codes.
 - Clinic settings must ensure respect for the privacy and dignity of the individual.
- Clients must be accepted on referral from any source.
- Services must be provided solely on a voluntary basis. Acceptance of SRH services must not be a prerequisite to eligibility for, or receipt of, services in any non-SRH programs of the LHJ.

Availability of Emergency Services

The LHJ must have written plans and procedures for the management of on-site medical emergencies, including emergencies that require transport and after-hours management of contraceptive emergencies. (See DOH SRH Manual)

If LHJ or DOH discontinues this contract:

See [SRHP Manual](#) for close out requirements and resources.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2022

Local Health Jurisdiction Name: Jefferson County Public Health
Contract Number: CLH31013

SOW Type: Revision **Revision # (for this SOW)** 12

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Period of Performance: January 1, 2022 through December 31, 2024

Statement of Work Purpose: The purpose is to provide Women, Infants, and Children (WIC) Nutrition Program services by following WIC federal regulations, WIC state office policies and procedures, WIC directives, and other rules. Refer to the Program Specific Requirements section of this document.

Revision Purpose: To add FFY25 USDA WIC CLIENT SVS CONTRACTS, FFY24 USDA WIC CLIENT SVS CONTRACTS, and FFY24 USDA BFPC PROG MGMT funds.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 USDA WIC CLIENT SVS CONTRACTS	76101234	10.557	333.10.55	07/01/22 09/30/22	86,376	0	86,376
FFY23 USDA WIC CLIENT SVS CONTRACTS	76101244	10.557	333.10.55	10/01/22 09/30/23	132,338	0	132,338
FFY22 USDA BFPC PROG MGMT	76214231	10.557	333.10.55	01/01/22 09/30/24	43,389	0	43,389
FFY22 USDA FMNP PROG MGMT	76540237	10.572	333.10.57	05/01/22 09/30/22	516	0	516
FFY23 USDA BFPC PROG MGMT	76214241	10.557	333.10.55	10/01/22 12/31/24	37,651	9,413	47,064
FFY23 USDA WIC PROG MGMT CSS	76101242	10.557	333.10.55	01/01/23 09/30/23	2,800	0	2,800
FFY24 USDA WIC CLIENT SVS CONTRACTS	7610124B	10.557	333.10.55	10/01/23 09/30/24	155,754	4,718	160,472
FFY23 USDA FMNP MGMT	76540248	10.572	333.10.57	06/01/23 09/30/23	496	0	496
FFY24 USDA BFPC PROG MGMT	7621424A	10.557	333.10.55	10/01/23 09/30/24	37,651	0	37,651
FFY25 USDA WIC CLIENT SVS CONTRACTS	76101251	10.557	333.10.55	10/01/24 12/31/24	26,268	1,860	28,128
FFY24 USDA FMNP MGMT	76540241	10.572	333.10.57	05/01/24 09/30/24	496	0	496
TOTALS					523,735	15,991	539,726

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WIC Nutrition Program			See "Billing Requirements" below.
1.1	Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at state WIC office.	Outcomes based on monthly participation data from state WIC caseload management reports.	Authorized participating caseload for January 2022 through December 2024 = <u>250</u>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	The Department of Health (Department) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide. 3. Caseload declines.		Revised authorized participating caseload for January 2023 through December 2024 = 265 Revised authorized caseload for January 2024 through December 2024 = 270	
1.2	Submit the annual Nutrition Services Plan for each year of the contract.	Nutrition Services Plan	First year due 9/30/22 Second year due 9/30/23 Third year due 9/30/24	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the contract.	Nutrition Services Expenditure Report	11/30/22 11/30/23 11/30/24	Payment withheld if not received by due date.
1.4	Tell participants about other health services in the agency. If needed, develop written agreements with other health care agencies and refer participants to these services.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.5	Provide nutrition education services to participants and caregivers in accordance with federal and state requirements.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.6	Issue WIC benefits while assuring adequate WIC card security and reconciliation.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.7	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.8a	Submit entire WIC and Breastfeeding Peer Counseling Budget Workbook for each year of the contract	Budget Workbook	First year due 9/30/22 Second year due 9/30/23 Third year due 9/30/24	
1.8b	Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A-19	Revenue and Expense Report and A-19	First year due monthly through December 31, 2022 Second year due monthly through December 31, 2023 Third year due monthly through December 31, 2024	
2	Breastfeeding Promotion			See "Billing Requirements" below.
2.1	Provide breastfeeding promotion activities in accordance with federal and state requirements.	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 11/30/22 Second year due 11/30/23 Third year due 11/30/24	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			Biennial WIC Monitor	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects: - Provide staff, health care providers and community partners virtual breastfeeding training resources. - Work with employers who likely employ low-income people to create worksite environments that support breastfeeding. - Work with birthing hospitals to improve maternity care practices that affect WIC participant breastfeeding rates. - Provide participants access to lactation consultants. Other projects will need pre-approval from the State WIC Office	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 8/30/22 Second year due 8/30/23 Third year due 11/30/24 Biennial WIC Monitor	
3	Breastfeeding Peer Counseling Program (BFPC)			See "Billing Requirements" below.
3.1	Provide Breastfeeding Peer Counseling Program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not replace, WIC Breastfeeding promotion and support activities.	Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year. Documentation must be available for review by WIC monitor staff. Documentation must be available for review by WIC monitor staff.	First year due 12/31/22 Second year due 12/31/23 Third year due 12/31/24 Biennial WIC Monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
4	Farmers Market Nutrition Program (FMNP)			See "Billing Requirements" below.
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC participants between June and September 30 of current year.	Send completed readable copy of FMNP check registers to State WIC office on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff.	Weekly June-Sept. 2022 and June-Sept. 2023 All sent by Oct. 1, 2022, Oct. 1, 2023, and Oct 1, 2024 Biennial WIC Monitor	

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Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements

Program Manual, Handbook, Policy References:

The LHJ shall be responsible for providing services according to rules, regulations and other information contained in the following:

- WIC Federal Regulations, USDA, and FNS 7CFR Part 246.
- Washington State WIC Nutrition Program Policy and Procedure Manual
- Office of Management and Budget, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR 200
- Farmers Market Nutrition Program Federal Regulations, USDA, FNS 7CFR Part 248
- Other directives issued during the term of the contract

Staffing Requirements:

The LHJ shall:

- Use Competent Professional Authority staff, as defined by WIC policy, to determine participant eligibility, prescribe an appropriate food package and offer nutrition education based on the participants' needs.
- Use a Registered Dietitian (RD) or other qualified nutritionist to provide nutrition services to high risk participants, to include development of a high-risk care plan. The RD is also responsible for quality assurance of WIC nutrition services. See WIC Policy for qualifications for a Registered Dietitian and other qualified nutritionist.
- Assign a qualified person to be the Breastfeeding Coordinator to organize and direct local agency efforts to meet federal and state policies regarding breastfeeding promotion and support. The Breastfeeding Coordinator must be an International Board-Certified Lactation Consultant or attend an intensive lactation management course, or other state approved training.

Restrictions on Funds:

The LHJ shall follow the instructions found in the Policy and Procedure Manual under WIC Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Special References:

What is the WIC program?

1. The WIC program in the state of Washington is administered by the Department of Health.
2. The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to provide nutrition and health assessment; nutrition education; nutritious food; breastfeeding counseling; and referral services to pregnant, breastfeeding, and postpartum women, infants, and young children in specific risk categories.
3. Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program. These regulations define the rights, responsibilities, and legal procedures of WIC employees, participants, persons acting on behalf of a participant, and retailers. They are designed to promote:
 - a. High quality nutrition services;
 - b. Consistent application of policies and procedures for eligibility determination;
 - c. Consistent application of policies and procedures for food benefit issuance and delivery; and
 - d. WIC program compliance.
4. The WIC program implements policies and procedures stated in program manuals, handbooks, contracts, forms, and other program documents approved by the USDA Food and Nutrition Service.
5. The WIC program may impose sanctions against WIC participants for not following WIC program rules stated on the WIC rights and responsibilities.
6. The WIC program may impose monetary penalties against persons who misuse WIC benefits or WIC food but who are not WIC participants.

Monitoring Visits:

Program and fiscal monitoring are done on a biennial (every two years) basis and are conducted onsite. The LHJ must maintain on file and have available for review, audit and evaluation:

- All criteria used for certification, including information on income, nutrition risk eligibility and referrals
- Program requirements
- Nutrition education
- All financial records

Assurances/Certifications:

1. Computer Equipment Loaned by the Department of Health WIC Nutrition Program

In order to perform WIC program activities, the Department requires computer equipment, such as computers, signature pads, document scanners, card readers and printers to be in local WIC clinics or to be transported to mobile clinics. This equipment ("Loaned Equipment") is owned by the Department and loaned to the local agency (Contractor). The Loaned Equipment is supported by the Department. This equipment shall be used for WIC business only or according to WIC Policy and Procedures.

An inventory of Loaned Equipment is kept by the Department. Each time Loaned Equipment is changed, the parties shall complete the Equipment Transfer Form and the Department updates the inventory. A copy of the Transfer Form will be provided to the contractor. Copies of the updated inventory list may be requested at any time.

The LHJ agrees to:

- a. Defend, protect and hold harmless the Department or any of its employees from any claims, suits or actions arising from the use of this Loaned Equipment.
 - b. Assume responsibility for any loss or damage from abnormal wear or use, or from inappropriate storage or transportation. The Department may enforce this by:
 - 1) Requiring reimbursement from the LHJ of the value of the Loaned Equipment at the time of the loss or damage.
 - 2) Requiring the LHJ to replace the Loaned Equipment with equipment of the same type, manufacturer, and capabilities (as pre-approved by the Department), or
 - 3) Assertion of a lien against the Contractor's property.
 - c. Notify the Department immediately of any damage to Loaned Equipment.
 - d. Notify the Department prior to moving or replacing any Loaned Equipment.
- The Department recommends Contractors carry insurance against possible loss or theft.

2. Civil Rights Assurance

- a. The LHJ shall perform all services and duties necessary to comply with federal law in accordance with the following Civil Rights Assurance.
- b. "The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the ground of race, color, national origin, sex, age or handicap, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the Program applicant receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.
- c. "By accepting this assurance, the Program applicant agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the Program applicant."

3. 2CFR 200

The LHJ shall comply with all the fiscal and operations requirements prescribed by the state agency as directed by Federal WIC Regulations (7CFR part 246.6), 2CFR part 200, the debarment and suspension requirements of 2CFR part 200.213, if applicable, the lobbying restrictions of 2CFR part 200.245, and FNS guidelines and instructions and shall provide on a timely basis to the state agency all required information regarding fiscal and program information.

Billing Requirements:

1. Definitions

Contract Period: January 1, 2022 - December 31, 2024**Contract Budget Period:** The time period for which the funding is budgeted.

- There are four federal budget periods

January 1, 2022 through September 30, 2022;
 October 1, 2022 through September 30, 2023;
 October 1, 2023 through September 30, 2024;
 October 1, 2024 through December 31, 2024.

2. Billing Information:

- Billings are submitted on an A-19-1A invoice. These invoices are provided by the Department in the WIC Budget Workbook and include accounting codes for different budget categories.
- A-19s are submitted monthly and must be received by the Department within 30 days following the close of each calendar month. Additional A-19s may be submitted at any time, but must be received within 60 days of the close of the federal budget period.
- Funds are allocated by budget categories and by federal budget periods (refer to the budget spreadsheet).
- Funds are encumbered or spent only during the budget period; no carry forward from previous time periods or borrowing from future time periods is allowed.
- Payments are limited to the amounts allocated for the budget period for each budget category.
- Billings are based on actual costs for completed activities. Advance payments are not allowed. Back up documentation must be retained by the LHJ and available for inspection by the Department or other appropriate authorities.
- Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual Volume 2, Chapter 4 – Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- If billing for indirect costs, a Cost Allocation Plan or Federal Indirect Cost Agreement must be submitted prior to payment.

Special Instructions:

The LHJ shall:

- Maintain complete, accurate, and current accounting of all local, state, and federal program funds received and expended.
- Provide, as necessary, a single audit in accordance with the provisions of 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. This circular requires all recipients and sub-recipients of federal funds to have a single audit performed should they spend \$750,000 or more of federal grants or awards from all sources. Contractors spending less than \$750,000 in federal grants or awards may also be subject to audit.
- Use Breastfeeding Peer Counseling (BFPC) Program funds only to support the peer counseling program. Once the program is established and peer counselors are trained, the majority of the salary costs must be paid to peer counselors to provide direct services to WIC participants. For a list of allowable costs see Volume 2, Chapter 4 – Allowable Costs. The priority use of BFPC funds is to hire and train peer counselors to provide breastfeeding peer counseling services to WIC participants.

SPECIAL REQUIREMENTS			
Contract Funding Period	Time Period special requirement funds are available	Amount	Special Requirement Description
January 2022 to September 2024	January 2022 to September 2022	\$2,800	Added in the USDA WIC Client Services Contracts category to cover training and travel expenses for all local WIC staff to participate in WIC-related trainings.
January 2023 - September 2023	January 2023 - September 2023	\$2,800	This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits or contractor), and other approved WIC training expenses.

October 2023 - September 2024	October 2023 - September 2024	\$2,500	This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits for part-time or contractors), and other approved WIC training expenses.
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Other:

Any program requirements that are not followed may be subject to corrective action and may result in monetary fines or repayment of funds.

Signature: 
Brenda Henrikson [Sep 11, 2024 15:52 PDT]

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